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ABSTRACT

This issue of Generations spotlights the rural elderly. The articles first cover a basic overview of the rural aged. Next is a range of policy issues related to rural service delivery followed by articles on research projects of concern to policy makers and service delivery personnel. Several fund raising and service programs are described. Pointed out is the reality that service delivery in rural areas often calls for innovative organization of resources such as crossing county lines, and using almost total volunteer labor and special technology i.e. radio and telephone systems. (BN)

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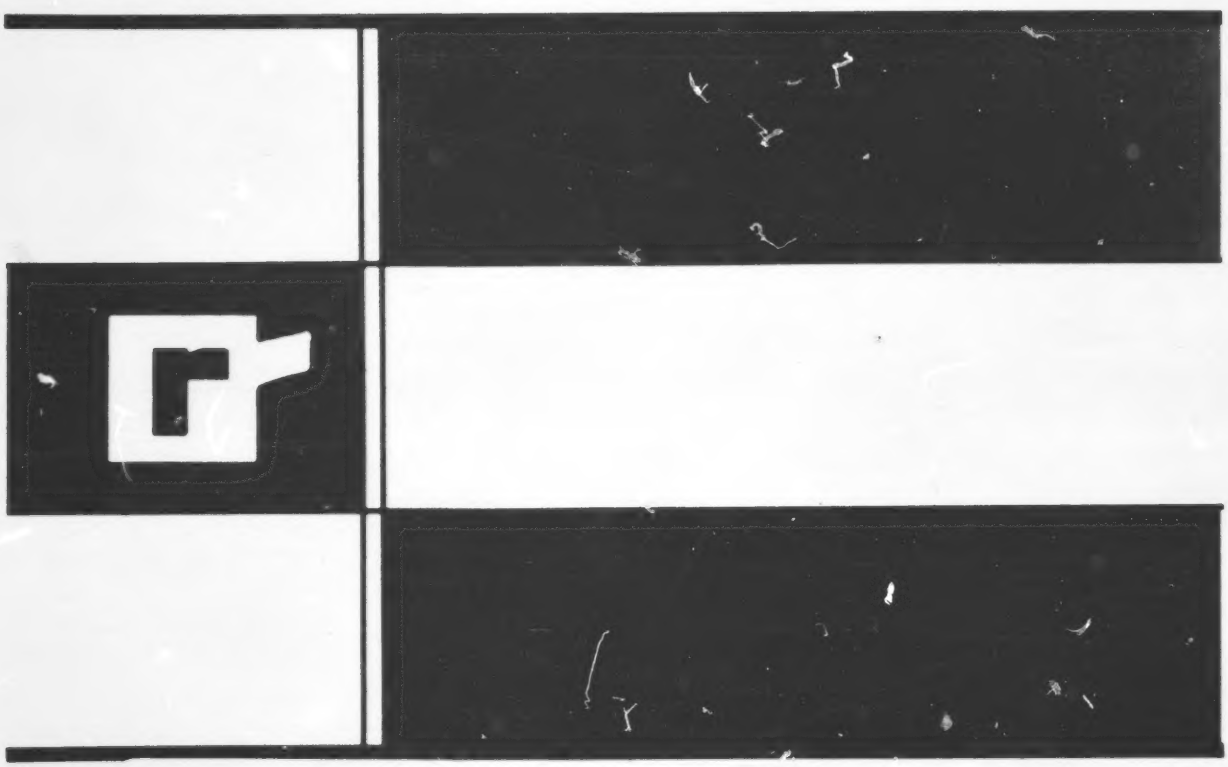
GENERATIONS

Fall
1977

WESTERN GERONTOLOGICAL SOCIETY



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PLANS UNDERWAY FOR ANNUAL MEETING

PROGRAM CHAIRPERSONS' MESSAGE:

Members and Friends:

The Program Planning Committee and WGS staff are proud to say that the 1978 WGS Annual Meeting in Tucson is indeed taking shape. The complexity of the Society almost reaches the proportions of chaos when one attempts to synthesize the needs, interests, and resources of our membership into a coherent conference program offering individuals a well organized choice of sessions. The challenge constantly kept before the Committee is that of providing a program which will respond to the diversity represented: 1) a wide range of professions (service providers, educators, administrators, etc.); 2) a wide range of professional experiences (newcomers to retired persons); and 3) a cross section of populations (minorities, rural, urban, etc.). Then, too, there is the consideration of attempting to provide a program that could be conducted within the primary facilities, thus responding to the request that we "not have things miles apart!"

In thinking back over the work done to this point, we feel that we have been able to respond to both the evaluations of the Denver meeting and the work conducted by the WGS staff at the regional meetings. The Program Planning Committee appreciates the time, effort, and material (both content areas and suggestions for presenters) that came out of those meetings. *Thanks* to both staff and members who participated. The 1978 program will reflect your input.

Many of the excellent ideas of the Denver meeting will be incorporated into the Tucson "Conversations With," "Peer Group" sessions, "Workshops," etc. In addition to that, we have added some new dimensions to the program. In response to the request for "in-depth" material, pre-conference eight-contact-hour intensive workshops are being organized. Participants of such workshops will pay a nominal fee ($25) and can sign up for credit. Recognizing the varying needs for technical information, workshops offered during the regular conference schedule will be noted as "broad-basic information," technical, and highly technical. We are hoping to respond to the high variability in need and training of the membership. An additional new angle will be two 1-½ hour Exposia sessions which we envision as a learning bazaar and information exchange. You will have an opportunity to respond to a call for participation in exposing your programs and experiences. Task Forces and daily Plenary sessions as well as many exciting activities by the Local Arrangements Committee are developing.

While the task is not yet completed, we are working with enthusiasm and commitment to provide the WGS membership and friends with a conference that will long be remembered as informational, growth producing, and fun. Your continued participation through letter and suggestions is appreciated.

See you all in Tucson!

Carl Eisdorfer and Alice Kethley

GENERATIONS

The Quarterly Newsletter of the Western Gerontological Society

Vol. II, No. 3 Fall, 1977

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All contributions are subject to review by the editors and become property of Western Gerontological Society, unless otherwise stipulated. Materials submitted must be typewritten, double-spaced and include contributor's name, place of contact, telephone and date. Letters to the Editor should not exceed 200 words.

Photographs must be glossy black and white prints, no smaller than 3" x 5". Include photographer's name, address and any relevant descriptive copy. Identify subject matter left to right on attached sheet. Do not write on photos with ballpoint pen or pencil. Send all materials to the attention of *Generations* in care of the Western Gerontological Society.

MINI-NOTES

There is still no announcement of the Carter Administration's nomination for either the **Commissioner on Aging** position or for nominees to the **Federal Council on Aging**. The administration never officially submitted the name of Bertram Beck to the Senate for confirmation. Interested people should take this opportunity to inform the President and the Secretary of HEW that the time has passed for such a critical appointment to be made. Contact WGS with regard to any organizational activities that you would like to be considered to assure the rapid nomination of a qualified person. There will be, at a minimum, the development of criteria for such an individual.

* * * *

A new addition to the WGS staff, whom many met at the regional meetings, is **Carol Van Steenberg**, Training and Conference Coordinator. She brings four years experience at Duke University's Center for the Study of Aging as coordinator of the KWIC Training Resources in Aging Project (an information service for trainers in the field) to this newly-created position. She will have the central responsibility for many of the activities that will lead to the 24th annual meeting in Tucson. Planning suggestions should go to Carol.

* * * *

One more **thank-you** to all of you in the many towns and cities we visited over the past month for your hospitality, enthusiasm, support, and continued interest. Even though WGS has a small staff, it remains an organization that is basically voluntary in nature. Without a commitment to participation and involvement, the activities of the organization, including the Annual Meeting, would have to be reduced considerably. So thanks for welcoming us with your thoughts. And a special thank you to those who helped pull all these meetings together. We look forward to seeing everyone again in San Francisco and Tucson.

* * * *

On November 14, 1977, **OVER EASY**, a new daily television series dealing with the concerns and interests of those over 55, will premiere on 270 Public Broadcasting Stations. Hosted by Hugh Downs, the program will offer information on income, health, and nutrition, as well as present entertainment, interviews with celebrities and those who have encountered aging in creative and productive ways. Check local PBS station for time.

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The cover art, "Rurals r Ready," is an enlargement of a name badge created to call attention to the special needs of the rural elderly. It was introduced at the WGS Annual Meeting Symposium on "Growing Older in Rural America," by Paul Stuetze, Assistant Administrator, Office of Aging, Pierre, South Dakota.

Generations is sent to members of the Western Gerontological Society four times each year. The opinions expressed are not necessarily those of the editors or the Western Gerontological Society. Additional copies of *Generations* are available for members and non-members at $2.00 per copy. Discounts are available for quantity orders.

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Regional Meetings Recap

Looking ahead to the development of new directions in the areas of policy, membership, and other services and to planning the 24th Annual Meeting, the staff of the Western Gerontological Society met with members and others involved in aging activities in 19 communities throughout the region during the last month. From Bismarck to San Diego, there was an opportunity to experience the needs of widely diverse communities and constituents.

The series of regional meetings began in Salem, OR on September 15 and ended in Visalia, CA on October 13. Between those dates, 17 other towns and cities were visited; we met well over 600 persons. For many of those persons, these meetings represented a first encounter with WGS and also an opportunity to meet others within their state or locale concerned with aging services. From this experience emerged an oft-repeated request for more regional meetings—either as post-conference events or as simple opportunities for people to get together.

Discussing future directions for WGS led to suggestions for continued use of the newsletter for items relevant to practitioners, such as current research projects, innovative service programs, the process of policy formulation and methods for analysis. Explored as suggested services were film libraries, resource lists, funding sources, and technical assistance (in the form of workshops or written articles) especially to indigenous organizations. Many of these will become possibilities with the addition of a CETA clearinghouse coordinator to the WGS staff.

Enthusiastic support for WGS's increasing involvement in policy issues surfaced in different ways at each of the regional meetings. The educational role was the clearest — WGS can be an ideal vehicle for presenting both traditional and non-traditional analyses of policy questions, as well as for providing members who are relatively new to the policy field with some basic information on the policy-making apparatus. Questions emerged regarding the transition from education to advocacy, the role of grassroots persons in the advocacy effort, the involvement of seniors in defining the problems to be addressed, and the often salutory role of conflict. Each of these questions will be further explored at the WGS Forum at the Gerontological Society meeting, in written communication, and at the Tucson Annual Meeting.

It took days to compile the amount of program planning material that the regional meetings generated, so filled was it with suggestions for plenary sessions, workshops, intensives, and potential resource persons. The materials gathered were presented to the Program Planning Committee at their October "bringing it all together" meeting. The result of this was a concentrated brainstorming which became the core of the emerging program for the 24th Annual Meeting.

Focusing on the quality of workshops at the Annual Meeting, participants at the regional meetings asked for highly specific and carefully defined workshops. Thus workshop coordinators will have the responsibility of communicating explicitly the intent of their workshop and assuring, to the best of their ability, that each resource person conforms to this intent.

Part of the excitement of moving out to the regions was the discovery of new people with a commonality of concerns and interests, but also with differences based on regional problems. The similarities, the differences, and the new people will be reflected in the program.

Returning to San Francisco with programmatic ideas, suggestions for policy involvement, and for future directions for WGS has refreshed and heightened the enthusiasm of the staff. Many miles and many airports brought a sense of WGS's diverse membership, their needs and their interests, making the time spent at the regional meetings a source of new energy.

Letters to the Editors

Dear Editors:

Under the title, "Minority Aging Organizations", in the Summer '77 issue of *Generations*, you failed to include:

Asian/Pacific Coalition on Aging
Rev. Leuma Maluia, President
1851 S. Westmoreland Avenue
Los Angeles, CA 90006
(213) 747-7623

It is the only coalition of its kind in the United States with a membership composed of Asian/Pacific elderly. It articulates the needs and concerns of the Asian/Pacific elderly by testifying before public and private agencies and committees such as the House Select Committee on Aging, City Agency on Aging, and United Way. It is the grantee for a city 3A Information and Referral program and has established services in five languages (Chinese, Japanese, Korean, Tagalog, Samoan) at eight separate sites.

Reverend Leuma Maluia
President

Editor: Thank you for making our list more complete. We regret the omission.

***

Dear Editors:

It appears that you use, as a preferred designation for elders, the term, "the elderly".

Being in constant and close contact with them at the grass roots level, I feel a sort of mandate to express the sensitivities of old people.

I have reservations about the article "the" which gives the impression of stereotyping. Think of when we talk of children and we refer to them as a group with the term "the child" or "the children."

Substituting "elders" in *Generations*, at least in my estimation, looks quite well and reads very well. Perhaps your editorial board could be convinced by you to establish, or at least endorse, a policy in this matter.

Dr. E. F. Schmerl, M.D.
Alameda Contra Costa Medical Association Library

Editor: Thank you for your thoughts on this issue, which we will be discussing at our next Editorial Board meeting.

Japan Tour Attracts Many WGS Members

"By the rate reservations are coming in, the 1978 Japan Gerontology Tour could be completely booked by the end of November," said executive director Steven Brummel of the Elvirita Lewis Foundation, co-sponsor of the tour.

Those WGS members planning to attend the International Congress of Gerontology in Tokyo next year should send in their $25 reservation fee immediately as there is limited space available. Checks and return cards should be mailed to:

Elvirita Lewis Foundation
230 Third Avenue
Santa Cruz, California 95062

Reservations will be accepted at the Elvirita Lewis Foundation booth in the exhibit area of the Hilton Hotel during the Gerontological Society meeting in San Francisco, November 19-21.

Cost of the tour is $1,589 per person (double occupancy) and includes round-trip air fare from the West Coast to Tokyo, first class hotel accommodations, for 15 nights, American style breakfast every day, transfers to and from airports and train stations, sightseeing and special events.

The 1978 Japan Gerontology Tour has been designed exclusively for members of the Western Gerontological Society and is tax-deductible for students and professionals in the field of aging.

There will be an opportunity to meet with Japanese and international counterparts at social, cultural and professional meetings planned, both in Tokyo during the Congress week and in the other parts of Japan visited.

The tour begins August 18, 1978 and the first week will be spent in Tokyo attending the International Congress of Gerontology (registration fee separate).

Reservations will continue to be accepted on a first-come, first-served basis until the tour is filled. A reservation deposit of $25 is required now, with the remainder of the deposit ($475) due May 15, 1978.

Committee Report: ADVOCACY FOR RURAL ELDERLY

by Paul H. Stuetze, Chairperson
Assistant Administrator
Office on Aging
Department of Social Services
Pierre, South Dakota 57501

The work of the ad hoc Advocacy for Rural Elderly (ARE) Committee continues in the pursuits outlined during the initial and follow-up meetings. Despite the problems of distance and travel funds, it is hoped that at least one group meeting can be organized before the annual meeting in Tucson. In the interim, great emphasis will be placed upon written and telephone coordination.

The ARE Committee is engaged in: (1) submitting articles and editorials to be included in *Generations;* (2) refining the definition of rural; (3) formulating position papers and policy statements; (4) assuring that a major component of future WGS Annual Meetings address rural concerns; and (5) working with the Nominating Committee to assure that the WGS Board include practitioner representation from the rural area.

The recent round of regional meetings undertaken by Gloria Cavanaugh and Martha Holstein were helpful with persuasive, constructive and representative comments on the needs of rural elderly in our eighteen state western area. The ARE Committee hopes access to the compiled information from these meetings will serve as a base upon which to recommend relevant sessions for the Tucson meeting.

Jack Dignum, Jr. and I have been encouraged by the great show of interest in the work of the ARE Committee. Inquiries and offers to contribute have come from many states, including some outside the traditional eighteen state WGS area. We invite inquiries from any potential contributors who feel they have initiatives to offer which will help rural elderly gain appropriate forums and funding to address their unique needs.

WGS SPONSORS RURAL WORKSHOPS

Planners, service providers, and seniors attended three WGS-sponsored training workshops on "Rural Service to the Elderly: Innovative Models and Methods" in Eureka, Redding, and Coalinga, CA this summer.

This cooperative training effort, made possible by a grant from the California Department on Aging, utilized four rural experts as trainers: Richard Grier, Director, Senior Nutrition Program for Clark County, Las Vegas, NV; Gail House, Project Director, Model Rural Project for Homemaker Service Aide Program to the Elderly, Lubbock, TX; Phillip Kimble, Director, Fresno Commission on Aging, Fresno, CA; and Cheryl Massey, Director of Senior Programs, Eastern Oregon Community Development Council, La Grande, OR. Through the co-sponsorship of West Hills Community College, the Coalinga session featured Elias Conen, Public Interest Law Center and Editor-in-Chief of the *Gerontologist,* Philadelphia, PA as keynote speaker.

Topics, geographical location of the meetings, and trainers were selected on the basis of an assessment conducted during the initial period of the project. The sessions combined formal presentations by the trainers with informal, intensive work sessions giving participants an opportunity to examine the particular programs and situations of interest to them.

WGS is now seeking other situations where it can act as a training catalyst, linking the expertise of its membership with unmet training needs in the eighteen Western states in cooperation with local educational institutions. Inquiries and ideas should be addressed to: Carol Van Steenberg, Training/Conference Coordinator, WGS, 785 Market Street, Suite 1114, San Francisco, CA 94103.

Aging in Rural America

In the last issue of ***Generations*** *we spotlighted minority aging with the underlying themes of policy, research, and service delivery. In this issue we turn to rural America. Many people have expressed a need for more information about the life and circumstances of older persons who live in rural areas. Until recently, this information has been scarce.*

WGS is beginning to develop extended avenues of communication and education. Much of its current activities, as well as the efforts of others, laid the groundwork for the development of this issue's rural focus. An entire symposium plus workshops, which served as a catalyst to organize the rural contingent, were presented at the Annual Meeting in Denver. As a result, the Board appointed chairpersons to develop an ad hoc committee to investigate and pursue advocacy for rural aged. This past year, WGS organized three highly successful workshops in Coalinga, Eureka, and Redding, California. Lastly, the publication of this issue comes while the U.S. Special Senate Committee on Aging is conducting a series of hearings on the rural elderly.

Our concern in featuring articles on research, policy, and programs reflects WGS's overall goal of meeting the diverse information needs and interests of its membership. The articles which follow first cover a basic overview of the rural aged—who they are, what they value. Next, a range of policy issues related to rural service delivery is presented, followed by articles on research projects of concern to policy-makers and service delivery personnel. Lastly, several fundraising and service programs are described. You will notice that service delivery in rural areas often calls for innovative organization of resources—several projects cross county lines, others depend heavily on volunteer labor or the use of special technology.

We sincerely appreciate the response from those who contributed to this and the last issue. It is our intent with each publication to preserve the style and orientation appropriate to the topic featured. Accordingly, we have tried to maintain the distinctive rural flavor of the articles presented here.

Jodi Cohn and Deborah Newquist

Problems Facing the Rural Elderly: A Demographic View

by Robert Harootyan
Instructor, Dept. of Consumer Economics and Housing
Cornell University
Ithaca, N.Y.

This article is excerpted from remarks made at the Annual Meeting of the Western Gerontological Society, Denver, March, 1977.

Demographic patterns of specific areas create situations that may either enhance or work against the delivery of social services and thereby reflect on the well-being of the population.

This article will review some of the demographic trends in aging, especially with respect to the relative status of older people in rural areas, and highlight the special problems facing the rural elderly in five general areas of concern — economic status, educational attainment, health care, housing, and transportation.

During the last three decades the American population has become increasingly urbanized. This process has gone on throughout this century and is largely due to rural out-migration to urban areas by the young and by the more educated who have gone to urban areas to seek job opportunities.

By 1970 over 27 percent of the older population resided in what are called rural areas of the country. Of this older rural group, over four-fifths resided in rural villages, rather than in large towns or smaller cities. On the other hand, older people are underrepresented as a proportion of all residents in the outlying rural areas, while being over-represented in rural places of 1,000 to 2,500 population.

These data suggest that policy issues related to the older population may be best viewed from two perspectives. One would be the farm and nonfarm distribution within the older rural population; and two, the proportion of older persons relative to all other rural residents. If one is more concerned with reaching a fairly large number of rural elderly people by these criteria then policy should be directed towards villages and outlying rural areas. But if one is concerned with serving rural areas where the elderly are over-represented or concentrated, then targeting older residents of small towns seems to be more appropriate.

Rurals Face Double Jeopardy

The relative economic position of these rural older residents remains poor, arising from what may be called the double jeopardy situation. On the one hand, the nonmetropolitan population is clearly at an economic disadvantage when compared to metropolitan populations. Secondly, the older population in general is poorer, less educated and less healthy than other age groups. When both of these factors are combined, we have the double jeopardy situation.

In 1973 over 16 percent of the total older population was below the low income or poverty level, as defined by the Bureau of the Census. Although this proportion was noticeably smaller than the 24.5 percent in 1970, the nonmetropolitan elderly continued to have the highest proportion of poor persons. Twenty-two and a half percent of the rural older population was below the low income level, and that is distinctly higher than the 12.5 percent for metropolitan area populations.

Lower educational attainment also follows the double jeopardy thesis with rural populations as a whole, and older people in general, having fewer years of schooling.

The health status of the rural elderly people in general is also poorer than in urban areas. Surprisingly, despite the advantages of cleaner environment and a more relaxed lifestyle, the rural elderly are found to suffer greater incidence of a number of ailments, including cardiovascular problems, arthritis, hypertension, urological disorders and respiratory problems.

> "... over 27 per cent of the older population reside in rural areas..."

They also show a higher proportion who assess their health as poor, worse than it really is, or having serious problems. These findings reflect, in my opinion, the direct relationship of low income and low educational levels with poor health.

In terms of housing, particularly problematic is the relative scarcity of small housing units for renters in rural areas. The general movement of older people from outlying farm areas to villages and towns within those nonmetropolitan counties, especially those older people who have lost their spouses, has created a tight housing market for this type of rental unit. The response to this need for small rental units, especially in multi-unit complexes, has not been strong in the private sector. The general shortage of credit for housing construction or purchase and the small profit margins have each helped limit the amount of quality rental housing which is available. These shortcomings in nonmetropolitan

Continued on next page

Continued from page 5

housing for elderly Americans should form the basis for evaluating the current housing policies in the United States.

A final major problem for nonmetropolitan areas in general, and older rural residents in particular, is inadequate or nonexistent public transportation. Rural areas often lack the population density which makes widespread mass transportation systems feasible. Such systems generally require dense populations and communities of about 25,000 or more. Rural farm areas, villages, smaller towns, cannot provide this type of transportation, even though they have high concentrations of older people who could benefit from it.

An intercommunity network would be beneficial in nonmetropolitan counties, particularly in terms of allowing older people who need transportation to get to those services, such as medical clinics, which may be located in the larger communities within the nonmetropolitan counties. The policy problem then becomes one of balancing the differences between economic feasibility and human need. It seems that economic feasibility usually wins out to the disadvantage of rural elderly in terms of transportation service.

Policy Implications

Whether we are discussing SSI or food stamp benefits, it remains a challenge to assure that all elderly persons, urban or rural, who are eligible actually receive those benefits to which they are entitled. The rural elderly, particularly those who have poor educational background or are physically isolated in outlying areas, may not be aware of or understand their entitlement to these benefits. Outreach programs aimed specifically at this group of older people should be strengthened to avoid this problem.

> . . . the older (rural) population is poorer, less educated and less healthy than other age groups . . .

For this reason, it is important to stress that rural areas in metropolitan locations, and nonmetropolitan counties in particular, require special efforts of coordination among agencies because of limited resources and difficulties in reaching all older people in need in rural areas.

All these social policy issues indicate that this coordination of available funds, limited resources, personnel and services is especially important in nonmetropolitan areas. The organizational structure and the legislative mission of Area Agencies on Aging provide a focus and a catalyst for the improvement of the general well-being of older rural Americans. For that reason, special consideration should be given in social policy development to the expanded role of Area Agencies on Aging for meeting the needs of this particularly disadvantaged group of older Americans. I think they have been neglected too much in the past, and the numbers and the demographic information indicate that neglect is totally unreasonable.

Senior Companions, coordinated by Glorya Favor (right) of the Elvirita Lewis Foundation, offer assistance to homebound elders in San Benito County, California to keep them from being institutionalized. Photo by Robert Dawson.

Values of Elderly Differ in Rural Setting

by Melvin A. White, Ph.D.
Rocky Mountain Gerontology Center
University of Utah
Salt Lake City, Utah

The following was adapted from a paper presented at the Western Gerontological Society Meetings, Denver, Colorado, March 20-23, 1977.

What characterizes the value system of the rural elderly? What differentiates those living in rural areas from those living in cities? The discussion in this paper first sketches out rural values, then comments on their implications for future planning.

Any discussion of values of the rural aged requires a word of caution and recognition of several factors. First, those living on farms and in small towns are not, and never have been, homogenous in nature.

Second, good empirical studies of the values of the rural aged are almost nonexistent. There not only exists a dearth of studies, but also a lack of discussion of the issue in current professional literature.

In addition, there is great cultural diversity in rural America. Studies by Odea et al clearly indicate that different rural areas have their own unique subculture which reflects the background, religious beliefs and other characteristics of those who settled the farms and communities.

Finally, the impact of transportation and mass communication has had less impact on value systems of the present "rural aged" than will be seen in the next generation of "oldsters." Many of the values of today's older persons were internalized while rural America was less subject to the effects of modern technology.

Common Values of Rural Aged

Keeping the above words of caution in mind, let me venture out and suggest several values of rural aged most frequently mentioned in existing research

studies and the literature on rural America. The values listed are not in any rank order of importance.

Independent: (Self-reliant, self-sufficient)
This value reflects the traditional American value of being master over one's destiny. The individual who, for whatever reason, is dependent upon the church, family or state for support, seldom enjoys the status accorded the man "who made it on his own." Loss of status is particularly pronounced when dependency needs become chronic rather than acute. Many rural values reflect a positive image of cooperative arrangements or interdependency. Cooperation has greater acceptance, since one returns payment in kind for services provided by another.

The continuing importance of this value is reflected in a study by Osgood on the differences between urban and rural attitudes toward welfare. Rural attitudes were far more negative and restrictive than those in urban areas.

Ambitious: (Hard working, aspiring)
Closely related to the value of independence is the Protestant work ethic. Independence and self-sufficiency are achieved through hard work that is goal-directed. Conversely, failure in life is frequently associated with laziness or the lack of willingness to put forth the necessary effort to succeed. Through hard work one is able to shape and control the world.

Personal honesty and integrity . . . basic American values . . . permeate rural areas.

Freedom: (Free choice)
This value, like "ambitious," is closely related to independence. To be independent one must be free to make choices. It is the freedom of choice that allows one to rise beyond his present status in life and to enjoy the non-interference of others. The ideological battle between major farm organizations over governmental involvement in farming attests to the continued intensity of this value.

Sense of Accomplishment: (Lasting contribution)
Generations of farmers have struggled with the land and with pride have turned over their accomplishments to their children. The children, in turn, continue to build on what their forefathers developed. Although many farms are now cooperatives, the basic value of expending effort to achieve a lasting contribution prevails.

Logical: (Consistent, rational)
"Down to earth" is perhaps a common expression of the value. Early sociologists, such as Simmel, defined rural life as holistic and conjunctive in nature rather than analytical. The rural person is frequently described as being concrete and realistic in his approach to the solution of problems rather than the intellectualization approach of the urban dweller.

Conservative: (Resistance to change, status quo)
Political conservatism is the most obvious outward manifestation of this value. Rural areas historically have voted for the "conservative candidate." However, conservatism is also related to every aspect of life. The question exists as to what extent conservatism is due to aging or internalization of the rural value. The major changes that are taking place in rural areas of America raise serious doubts about the intensity and extensiveness of the conservative value today.

Integrity: (Honest, sincere, truthful)
A man's word is as good as his bond. Personal honesty and integrity are basic American values that permeate rural areas. Until recent years, few rural dwellers locked their homes, cars or other possessions when not in use. The rapid increase in crime in both urban and rural areas in radically changing overt behavior. The basic value, however, prevails.

Responsibility: (Dependable, reliable)
Closely related to integrity is the value of being dependable and reliable. If a commitment is made, that commitment should be fulfilled.

Value Judgments

Rural aged, because of their value systems, have been called rigid, inflexible, and not in tune with what is in their best interest. The implication of such statements is that rural values must shift in the direction of urban value systems. Whether such a change is in the best interest of the rural aged, and the nation as a whole, remains to be seen.

Implications of Values of Rural Aging on Social Service and Health Programs

- —The rural aged should be encouraged to take an active role in the development and operations of all programs that are for their benefit.
- —The "dole" system—giving something for nothing—should be utilized only when no other course of action is possible to meet the need.
- —Local communities should be encouraged to take the leadership to develop, operate and monitor programs with minimal direction from state and federal governments. Federal regulations, frequently developed around urban models, may be inappropriate if not impossible to implement in rural areas.
- —The formula of allocating funds to area agencies, and other organizations serving the rural elderly, based on population figures over 65 alone, may not adequately serve the needs of rural areas.
- —Because of the low density of population in rural areas, greater emphasis must be placed upon the family and other primary organizations to provide the necessary services for the elderly in their community.

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RURAL AGING POLICY—WHO NEEDS IT?

by Phillip Kimble, Director
Fresno Commission on Aging
Fresno, California

Nine million Americans over age 65 live outside our cities. That is 41% of the 65-plus population. One-third (three million) of those older people live in poverty, in sub-standard housing with inadequate transportation, and with practically non-existent health care.

Do those people need a rural aging policy? No, they don't! What they need is either services or money so they can demand that services be made available to them.

But our federal, state, and local governments and their agencies do need a rural aging policy so that the people living in rural areas will get their fair share of money and services.

One of our major problems at the present is that we do have an Older Americans Act which has set national priorities. It assumes that older people living in inner-city Los Angeles are the same as a retired farmer and his invalid wife living in the unincorporated town of Lone Star (population 31). That kind of a "national priority" system is not working because it costs more money to transport Jones' sick wife 84 miles to the county hospital than it does for someone living in Los Angeles to take a special bus for the handicapped to a neighborhood clinic.

So I suggest that **we need a national policy which is flexible** and has a formula for considering several different costs and designs for programs covering the gamut from Lone Star to Los Angeles. Perhaps we need a program like the old "Model Cities" program which will give special consideration to local, rural areas and freedom to design what they know will work instead of what some bureaucrat in Washington, D.C. thinks might work.

A second policy change that is needed grows from the first and it is to write into our legislation and guidelines clear ways that **local older Americans organizations** and their local, elected officials **are to have the major responsibility** for determining their needs, designing programs, and carrying them out. Perhaps we should suggest that no local program for the aging can be funded unless a majority of the governing board of the local agency consists of older people.

It then follows that **we should have "block grants" made available to local areas** similar to Revenue Sharing funds so that the people would know how much money they have available from federal government. This will require a change in the present allocation formulas, which mostly depend on population figures and thereby short-change rural, sparsely populated areas.

If we get that far, then we should also **make grants for two-, three-, or four-year periods** so that programs have time to develop rather than spend half of each year writing next year's proposal and waiting for this year's funding to come down through the levels of bureaucracy.

These four suggestions are intended to give a broad background for the development of a policy which would offer the flexibility that is absolutely necessary if rural areas are going to be able to develop programs that fit their very unique situations.

We need to continually be reminded that **policy should be developed from the local level up** and not from the top down as is usually the case. If the opinions and experience of local older individuals and groups are taken seriously then we can develop workable programs and the small amount of money that is available will go a long way.

Many older Americans in rural areas feel like a woman from Fresno County who said she had a telephone at her home but it was no good because when she picked it up no operator answered. She was not aware that using a telephone is now a numbers game that you have to play on your own. She didn't know how to dial.

That is the way many rural communities feel: they hear about money and programs in the cities but they can't make them work in their small towns.

Who needs a rural aging policy? We do, the people who work with rural older Americans. And we can begin to develop it by letting our elected officials know what we want.

11

Sen. Frank Church (left), Chairman of the Senate Special Committee on Aging, conducts hearing on "The Nation's Rural Elderly" at the closing session of the WGS Annual Meeting in Denver. Joining him are Marian Lupu, WGS President, and Roy Van Orman, WGS Past President. Photo by William Oriol.

REPORT FROM WASHINGTON

SENATE COMMITTEE ON AGING SEEKS INFORMATION ABOUT RURAL ISSUES

Washington, D.C. —— The Senate Special Committee on Aging is looking into problems and programs affecting "The Nation's Rural Elderly."

Part of the Committee's attention is directed at issues related to extension of the Older Americans Act during the next year. Witnesses have been asked to tell whether they believe that rural areas are faring as well as they should under the funding formulas and stretched-thin programs of that Act.

But the Committee Chairman, Senator Frank Church, has made it clear that he and other members of the Committee want information about other programs and other issues, as well.

As the Senator said at a hearing held in Denver, Colorado, during this year's Western Gerontological Society meeting:

> "Our concern about the rural elderly is based partially on the numbers involved. Nationwide, about 27 percent of persons 60 years or older — that would amount to some 8 million people — live in what we call rural areas.
>
> "Here in Colorado, possibly because of the large population concentration on the east side of the Rockies, that percentage is somewhat lower — about 23 percent. In other Western states, however, it is very high indeed. In Montana, it is 47.3 percent — almost half of all people 60 years and older; in Wyoming, it is 38 percent; in my own state — Idaho — it is 43 percent.
>
> "If this Committee is to do its job as a factfinder on aging for the Senate, we cannot very well ignore the rural elderly."

Senator Church paid special attention to health issues in asking whether Federal programs are serving less populated areas of the Nation equitably:

> "Medicare, for example, is supposed to serve all older participants fairly. Older persons do pay out the same premiums and deductible and coinsurance rates, but do they receive equal benefits in return?
>
> "Fair question. When you consider the number of communities without adequate medical

Continued on next page

Continued from page 9

facilities, without hospitals, increasingly the number that are without doctors and the problems of getting treatment to older people who live in rural areas, and getting those people to places where the treatment is available; these are among the concerns of this Committee."

Hearings on "The Nation's Rural Elderly" began in 1976 when Senator Dick Clark, then a member of the Committee, conducted hearings in Iowa, South Dakota, and Nebraska. Senators Pete Domenici and Dennis DeConcini are planning hearings in Texas, New Mexico, and Arizona this November. At press time, plans were

The hearings have identified transportation as one of the most pervasive problems.

under way for hearings in Florida by Senator Lawton Chiles and in Indiana and Illinois by Senator Charles Percy.

The far-ranging hearings have already identified transportation as one of the most pervasive problems.

One elderly participant in an innovative Program for Local Services operated through the Colorado Congress for Senior Organizations told the Denver hearing:

> "May I relate a realistic situation which happened three months ago in Yuma County? A call came from a man in Kirk, Colorado, which is located in the extreme southeastern part of Yuma County. The man requested a ride to Sterling to see an ophthalmologist due to a glaucoma condition. The minibus operates out of Yuma. The round trip was 420 miles at a cost of about $85, and that is a very low cost. The question is, how do you serve the most needy when geography dictates this kind of cost. . .When Congress passed the Older Americans Act, they spoke of establishing a system whereby older people would live out the remainder of their lives in a productive manner with their dignity and pride intact. It is extremely difficult to reach this goal when you are 40 or 50 miles from older persons, existing services, and other basic needs such as food, a doctor, and active socialization with your fellow man. Here again, transportation is very, very essential."

A statement read on behalf of Governor Richard D. Lamm of Colorado criticized what he described as a piecemeal, categorical response by the Congress when faced with such issues as adequate housing and transportation in rural areas. He said:

> "Funds for services to the elderly flow to the State from several directions: from the Department of Health, Education, and Welfare; from the Community Services Administration; from ACTION; and from the Department of Transportation. This fragmentation through categorical funding is then reflected at the State level through several agencies serving the aging."

Several witnesses asked for more "flexibility" at the local level in making use of Federal programs. A somewhat contrary view came from Professor Edith M. Sherman of the University of Denver:

> "Some of the rural people here today have said they want to make their own decisions and set their own priorities. Believe me, if we go back to local county welfare, you will wish you hadn't been the decisionmakers. It has been national standards, national funding, national priorities and long-range planning that has given people the types of programs that have moved us as a society way beyond what we had in the days of local county welfare departments."

Dr. Sherman added, however, that urban program standards can cause mischief and misunderstanding in rural settings. She also asked for direct communication with people who are in touch with rural issues:

> "We need the Program for Local Service — P.L.S. — and the Colorado Congress of Senior Organizations — C.C.S.O. — and the Mountain Plains Congress of Senior Organizations. These are the people who can identify — because they work at the local level — the kinds of problems to which local communities can address themselves. Especially as has been said this morning they can find the isolated,

We have made up for our low density in the rural areas by having high density meetings.

> hard to reach older people who have literally crawled into the walls. The local community is where the volunteer programs and the action programs must emerge."

Among the Denver witnesses were several persons who had presented papers at the Western Gerontological Society sessions. For example, Robert L. Newhart, then Assistant Director of the Southeast Idaho Council of Governments, said of the symposium on "Growing Older in Rural America:"

> "The meetings have been packed. We have made up for our low density in the rural areas by having high density meetings."

The Committee hearing transcript* appendix includes several papers presented at the Western conference, together with opening and closing statements by Society President Marian Lupu and Immediate Past President Roy Van Orman.

**The Nation's Rural Elderly*, Part 7, Hearing by the U.S. Senate Committee on Aging, Denver, Colorado, March 23, 1977, for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, Stock Number 052-070-4214, $3.75.

Some Thoughts on Rural Transportation

by Paul H. Stuetze, Chairperson
Committee on Advocacy for Rural Elderly
Western Gerontological Society

The federal Department of Transportation has several transportation components controlling funds which can enhance rural transportation. The names, national authorizations and regulations are impressive in size, but the real dollars, which buy actual services continue to be few and slow in coming. Here are some examples of the record.

Section 147 of the 1973 Highway Act (Rural Highway Public Transportation Demonstration Program) is not currently open to application and hasn't been for the past two years. Perhaps the "demonstration" aspect has been fully served. Now we should set about implementing permanent rural transportation systems.

The Urban Mass Transit Administration which administers the Urban Mass Transit Act of 1964, as Amended, has three sections which can benefit rural areas by awarding grants for transportation services. They are:

Section 3 - basically federal financial assistance for small urban and/or non-urbanized areas (under 50,000 population). Section 3 is similar to Section 16(b)(2), but it is not confined specifically to elderly and handicapped.

Section 5 - specifically, "Non-Urbanized Area Transit Assistance." This was designed to cover a six-year period from 1975 to 1980. No funds of the $500 million authorized have been appropriated because Congress continues to battle about whether to allow use for operating funds in addition to use for capital purchases of the vehicles. 1980 is getting closer. . .These funds are needed NOW!

Section 16(b)(2) - "Transportation for Elderly and Handicapped." Recent efforts to add regulatory requirements will forestall final approval and implementation of needed transportation programs in rural areas. The new requirement entitled, "Transit Development Program for Non-Urbanized Areas, (TDP's) seeks to superimpose costly five-year detailed planning and routing concepts on each project in a rural area at the crucial time when many applications await final approval. It is totally unacceptable to add 6-12 month waiting time to many applications, which are already one year in process.

A visible reaction to the earlier delays, before the arrival of TDP's, can be seen in a resolution developed by the Task Force on Transportation of the Governor's Conference on Aging, at Huron, South Dakota, on June 9, 1977. One can only surmise the added frustration that will be felt at the latest delaying element, TDP's. The Resolution reads:

WHEREAS The Task Force on Transportation of the Governor's Conference on Aging has noted the many problems resulting from the excessively long delays in final approval processing of UMTA 16(b)(2) applications, and

WHEREAS these delays:

(1) Idle local funds committed as match;

(2) Tax the credibility of the applicant with the local constituents in need of the transportation services and donors of matching funds;

(3) Occasionally result in a reversion of funds to the local donors who must recommit funds within local budget periods;

(4) Cause a duplication of local fund raising efforts to re-establish match funds:

THEREFORE, be it resolved that the Task Force on Transportation of the Governor's Conference on Aging resolve to inform the Department of Transportation, *Urban Mass Transit Administration, Regional Office in Denver, Colorado,* of these facts, by inclusion of this resolution with every UMTA 16(b)(2) application processed for final approval, with copies to the South Dakota Congressional Delegation.

This may be a pattern worth following to focus Congressional attention on this critical issue. Funds for rural transportation programs are needed NOW!

Farmwork requires endurance and a strong back.

CALIFORNIA STUDY EXPLORES FARMWORKER RETIREMENT PATTERNS

by Theodore Ruhig, Staff Director
and
J. Robert Coutts, Administrative Analyst
La Cooperativa Campesina de California

This project is supported, in part, by grant number 90-A-915 (01) from the Model Projects in Aging Program, Administration on Aging, Office of Human Development, Department of Health, Education and Welfare, Washington, D.C. 20201.

Recently public attention has begun to focus on the issue of age and its relationship to performance and need. Here in California at the recent legislative session, this examination has resulted in a new state law banning compulsory retirement of state employees when they have reached a certain age. If an employee can perform, he can elect to continue to work. According to what now passes as the conventional wisdom, employees should be able to work until they are 65. When they can, they are retired with full social security payments. This is not true of farmworkers.

Generally the term "retired worker" refers to an individual who has had a productive life leading to retirement at age 55, 62, or 65. Traditional retirement systems are primarily related to chronology, that is, the longer the employment, the more the benefits. Similarly, most Older Americans Act programs are chronologically based; Title VII nutrition programs require a participant to be 60 years old, while Title IX work experience programs require that the participant be 55. There is also great discussion about whether mandatory "retirement" should be at age 62, 65, 68, or left unspecified. But what happens if the older worker must retire because of health or is retired at an earlier age? For the migrant and seasonal farmworker, "retirement"—meaning the worker is no longer employed or employable in the fields, apparently occurs between 45 and 50 years of age.

Need for Research Identified

While operating a program designed to aid migrant farmworkers, the Sacramento Concilio staff realized that very few of the participants in their program were over 45 years of age and fewer still were over 50. Further investigation, based on labor force participation rates by age of migrant and seasonal farmworkers, and of occupants of the 25 state-run migrant camps in California, indicated that 10 percent or less of those making up the migrant work force were 45 or over. In California approximately 8 percent of farmworkers are 45 to 54 years old, and only 2 percent are 55 years or over.

This observation led to a number of questions. What happens to the 45 and older ex-migrant and seasonal farmworkers? How many are there? What are they doing? What is their source of income? What is their health status? What are their economic and social service needs? How do they obtain help? The Sacramento Concilio's current Aging Research Program, funded by the Administration on Aging, was designed to answer these and other questions.

This research program is attempting to generate sound statistical data about the needs, numbers, and status of these aging ex-migrant and seasonal farm-

For the migrant and seasonal farmworker "retirement" . . . often occurs between 45 and 50 years of age.

workers. A model information and referral system that effectively reaches these ex-migrant and seasonal farmworkers is also being developed. This model is located in Stockton, a city centrally located in the agricultural area of San Joaquin County; the statistical data is being obtained throughout California.

The research component of the Concilio project is being conducted through the use of a survey consisting of 69 questions covering three areas: 1) demographic variables, 2) employment status and history, and 3) health, daily living information and other selected needs. The survey instrument is conducted in Spanish or English, depending upon the respondent's preference.

Fruit trees are pruned as part of the season's labor.

As planned, the sample will consist of between 1,200 to 1,500 older persons. All respondents interviewed must be 50 years of age or older, except in the labor camps where interviewees may be 45. These age limits allow for acquiring the appropriate data within the number of interviews planned. To date, interviews have been conducted in the East Los Angeles Barrio, the largest Spanish-speaking community in the United States, and in two rural counties. By the time of completion, the survey will have been conducted in 10 additional California counties and 16 State-operated migrant camps. This range of survey locations will provide comprehensive population data about current and former farmworkers, both migrant-seasonal and non-migratory, and about whether they are now living in cities or in the countryside.

Information generated from the study should provide the necessary criteria for developing a model information and referral system in order to *effectively* reach the aging migrant and seasonal farmworker. Survey data generated should answer many of the questions concerning the living conditions and economic and social needs of the ex-migrant and seasonal farmworker. Finally, and perhaps most importantly, the information will provide a base upon which legislators, administrators, and other policymakers may change or develop legislation or administrative policy. This information will not only insure that the ex-migrant and seasonal farmworker are adequately served by programs designed to serve the aging, but also will provide background material to facilitate the necessary change in public policy to meet the realities facing all segments of the work force.

* * * *

MONOGRAPH REPORTS ON MINORITY AGING STUDY NOW AVAILABLE

The reports on the Cross Cultural Study on Minority Aging are now available for purchase. The reports are an eight monograph series on each of the minority populations studied. The two year study was funded by the Administration on Aging and was conducted by researchers from The Center on Aging of the School of Social Work, San Diego State University. To obtain further information regarding ordering procedures and costs, contact Dr. Roger Cuniff, The Campanille Press, San Diego State University, San Diego, CA. 92182, (714) 286-6220.

* * * *

Experimental Programs Provide Long-Term Care in Rural Hospitals

by Ann A. Jones, Ph.D.
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Low occupancy rates are a chronic problem in rural hospitals, causing financial instability and, in turn, influencing the availability and quality of hospital-based care. While many areas in the United States may have more hospital beds per capita than necessary,[1] alternatives other than simply closing hospitals should be considered, especially in areas which are geographically isolated and have growing elderly populations.

For example, though still in its formative stages, there is currently a movement to broaden the role of the rural hospital to that of a community center for the delivery of a number of different types of health care services. Specifically, rural hospitals may be used to facilitate and improve the provision of both institutional and non-institutional long-term care. By taking advantage of empty hospital beds in rural communities, needed institutional long-term care can be provided in the hospital setting.

Further, by utilizing the community hospital as a focal point for outreach programs such as home health care, the non-institutional health care needs of the rural elderly and disabled may be more efficiently and effectively satisfied.

Experimental programs in Utah, Texas, Iowa, and South Dakota represent a first step in investigating the potential benefits of restructuring rural hospitals to better meet the health care needs of rural communities. The Office of Policy, Planning and Research in the Health Care Financing Administration (DHEW) is funding these experiments which allow for the provision of long-term care in the rural acute care hospital—an alternative which may be of particular benefit to the rural elderly in these communities.

There is currently a movement to broaden the role of the rural hospital to that of a community center. . .

Originating in Utah in 1973, these experiments are based on the swing-bed concept, i.e., the use of hospital beds as "swing" beds to provide acute and long-term care. In essence, the swing-bed approach represents a return to a long-term care modality used prior to the passage of Medicare and Medicaid. This approach is being implemented on a selective basis (in rural communities only) with an emphasis on and concern for appropriate patient placement.

Utah Experiment Evaluated

The Utah experiment has been evaluated by the staff of the Center for Health Services Research and the School of Medicine at the University of Colorado Medical Center. The **objectives** of the evaluation were basically fourfold:

(1) to assess the capacity of rural acute care hospitals to provide long-term care,
(2) to determine whether the utilization of long-term care in rural areas increased during the Utah experiment,
(3) to ascertain the costs of providing long-term care in existing hospitals, relative to costs of providing such care in more traditional long-term care institutions, and
(4) to describe and analyze the organizational factors at the institutional and inter-institutional levels which should be taken into consideration in the event the program were to be implemented in rural communities throughout the country.

Presented in the order of the above objectives, the preliminary **study results** are:

(1) Rural hospitals in Utah have the capacity to provide long-term care. Yet additional study is needed to determine whether or not the quality of care is comparable to that provided in other institutional alternatives.
(2) Long-term care utilization in the experimental communities increased during the experimental period due largely to increased utilization on the part of rural elderly patients. This finding indicates, but does not conclusively demonstrate, the existence of an unmet need for long-term care in rural areas, since health care utilization does not necessarily correlate with an underlying unmet need. In addition, acute care utilization patterns were not significantly influenced by the provision of long-term care in the experimental hospitals.
(3) The incremental or "add-on" costs of providing long-term care, given the prior existence of the hospital as a provider of acute care, were substantially lower than analogous costs associated

with other institutional settings. Nonetheless, the reimbursement for such care on the basis of incremental costs necessarily entails structuring a new reimbursement mechanism. This mechanism should be sensitive to the possibility that incremental and full costs may converge over a 10 to 20 year period (since hospital improvements would be made on behalf of long-term as well as acute care patients).

(4) While the hospital environment was generally adaptable to this new modality of inpatient care, specific information dissemination and/or educational activities should accompany implementation of such a program if it were to be maintained on a national basis.

Further details and implication will be available in the summary of the final report on the evaluation of the Utah experiment.[3]

Assessing Quality Care

The University of Colorado Medical Center is also evaluating the experiments in rural Texas, Iowa, and South Dakota. This evaluation encompasses the objectives presented above for the Utah study as well as a more thorough assessment of the quality of long-term care. In addition, a more accurate determination of incremental costs will be pursued in order to structure an equitable formula for the reimbursement for such care.

. . . the use of hospital beds as "swing" beds to provide acute and long-term care . . . appears to be viable and cost-effective.

In summary, research results to date indicate that the swing-bed approach to the provision of institutional long-term care for the rural elderly appears to be viable and cost-effective. Nonetheless, further research is ongoing to substantiate and extend the initial findings to other rural locations. We advocate that additional experimental programs and/or investigations should take place in order to (1) compare the cost and quality of such institutional-based care to non-institutional care in rural settings, and (2) further broaden the service orientation of rural hospitals to include outreach programs for the rural elderly.

NOTES

1. See the policy statement by the Committee on Controlling the Supply of Short-Term General Hospital Beds in the United States, Institute of Medicine, *Controlling the Supply of Hospital Beds* (Washington, D.C.: National Academy of Sciences, 1976).
2. Senator Herman Talmadge has sponsored legislation (S. 1470) entitled "The Medicare and Medicaid Administrative and Reimbursement Reform Act" which includes a provision to make more flexible the standards which govern the rural hospital provision of long-term care. The long-term care portion of this legislation is supported by Senator Frank Church and the Senate Special Committee on Aging. See the *Congressional Record*, May 5, 1977, P. S7104.
3. Shaughnessy, Peter W., Ann A. Jones, et al, *Evaluation of an Experiment to Provide Long-Term Care in Rural Hospitals in Utah: Volume 1, Summary Report*, a report submitted to the Office of Policy, Planning and Research, HCFA, DHEW, under the Contract No. SSA-PMB-74-386. This report will be available from the Office of Demonstrations and Evaluations, Meadows East Building, Room 3E6, 6401 Security Blvd., Baltimore, MD 21235.

Native American Family Practice: The Role of Grandparents in Social Service Programs

by James T. Decker, Consultant
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Ab-Be-No-Gee is an innovative demonstration program in Family and Children Services funded by the National Council on Child Abuse and Neglect. Its planned operational objective is to train Native American family advocates. This is implemented through a comprehensive educational and field instruction program through the School of Social Work, University of Minnesota.

Native American family process serves as an education guideline. A principle assumption is that the structure and cultural integrity of Native American extended families must be supported through social services to reaffirm a sense of family purpose.

Early into the exploration of family development, cultural mental health attributes of the extended family became obvious. First, Native American extended families represent distinct village-type constructs which offer a community milieu for early socialization and for general orientation to living. Second, family serves as a major transmitter of cultural attributes which contribute to cultural identity and sense of selfhood. Third, family serves as a major transmitter of accountability by maintaining the wholeness of the group through value reinforcement.

Within the formal context, grandparents have roles of obvious importance; they retain both active and symbolic family leadership. Active leadership emerges during close proximity of grandparents to family. It is witnessed through behavior of children who actively seek daily contact with grandparents. Symbolic leadership emerges during periods of absence of natural grandparents. It is witnessed through behavior of children who virtually adopt the grandparents; i.e., seek social acceptance from an older member of the community. Both active and symbolic leadership is fully supported and respected in the community, largely because the dynamics are sanctioned by Native American parents.

Ab-Be-No-Gee's objective was to help integrate older Native Americans into formal program structures. Use of grandparents has several social service benefits. First, clarification of values and experience helps cross generation lines. Grandparents, including family advocates, become aware of their unique position and are able to relate this to their peers. Second, family advocates become immersed in the relevance of the traditional family structure that has survived throughout the years. They are in turn able to influence social service delivery to insure that intervention reconfirms and strengthens Indian family networks. Third, through regular scheduling of traditional events involving grandparents, the Native American community has become more cohesive; it has, so to speak, reaffirmed a collective sense of selfhood and purpose.

With limited help each day, this couple is able to remain in their home.

Delivery of In-Home Care to the Rural Aged: A Viable Alternative?

by Gail House, M.S., Director
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This project, funded by the Administration on Aging Grant Number 90-A-17/02, is located in rural West Texas and covers over 13,000 square miles.

In-home care should be available to all older Americans, *including* the rural aged (Winston, 1977). Just as in urban areas, the goal of rural service delivery should be to help older adults remain in their own homes or return home after specialized treatment for convalescence in familiar surroundings.

This goal is far from being realized for many reasons: limited resources; lack of local interest; lack of providers; poor coordination of services; limited knowledge of actual conditions; restrictions on reimbursable services; and/or social provincialism that may oppose any kind of concrete service intervention or program planning (Heltsley, 1976).

Therefore, growing older in rural America can be a depressing experience with very few alternatives available other than an institutionalized setting (Redding, 1975). This situation can be a bitter realization for many rural elderly who may have functioned at a level of independence and self-sufficiency that precludes acceptance of any dependency.

Rural areas possess high proportions of elderly. Until recently, a disproportionate share of funding was

allocated to programs for the urban elderly. The rural elderly should not be penalized because of where they choose to live; their needs are as great, or even greater, due primarily to isolation (Newhart, 1977).

Yet, this is not totally the fault of the funding sources. There simply are not enough professionally-oriented workers who want to live in sparsely settled areas where salaries are lower and opportunities for upward mobility are limited. Those workers who choose to live and work in the rural areas may need different motivations to offset the lack of resources they face compared to their urban counterparts.

Despite these problems, a home-care program for the rural elderly can succeed if special attention is given to management problems that exist with any program serving a scattered population. One approach being tested at the College of Home Economics, Texas Tech University in Lubbock, is that of finding underemployed, displaced homemakers in rural areas who want to serve their community, but need remuneration. In addition to being paid for providing in-home care services to the elderly, these workers are given the opportunity for para-professional training, to earn continuing education units (CEU's), from the University.

This approach has laid the foundation for the success of the University-based in-home care program. It has created a new kind of domiciliary worker—rural in-home aides—who combine many years of home management experience with specialized training in the areas of nutrition and food management, environmental health, practical psychology and physiology of aging, management, consumer education, and first aid (Diebolt, Davis, 1969).

Another part of the research on in-home care involves the ability of the elderly with incomes above the poverty level to pay for services according to their means. While the data will not be complete until June, 1978, it is projected that those being surveyed can afford to pay an average of less than $2 per hour for in-home care services. If this is true, it will be necessary to find ways to match the cost of placing the worker with the client's ability to pay.

It is hoped that this study will bring attention to the need for policy changes in the health care area which will allow more older people to remain at home at less cost to the individual and the government. Such in-home care promotes the importance of a comprehensive continuum of basic preventive health care—care that may reduce the need for medical and institutional service and the overall cost of health care. This consideration suggests further a more realistic, humane approach to caring for our aged, especially the rural constituency with limited access to all resources (Harvey, 1976).

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4. Newhart, Robert L. "Growing Older in Rural America." *Symposium Proceedings*, 23rd Annual Meeting, Western Gerontological Society, 1977, pp 23-24.
5. Redding, Leonard F. "Rural Elderly the Ignored Older American." Speech presented to the Regional Conference of the National Council on the Aging, Charleston, S.D., April 29, 1975.
6. Winston, Ellen. "RX for Independent Living." *Perspective on Aging*, January/February, 1977, pp 12-14.

Job Opportunities

PROJECT COORDINATOR FOR DATA ANALYSIS
Andrus Gerontology Center
University of Southern California

Responsible for development of major written reports and data analysis. Participates in dissemination and utilization. Supervise activities of research assistants and technicians.
Salary: $12,084 - $14,436, MA required
Available - 11/1/77
Contact: Fernando Torres-Gil
(213) 741-5158, 5159

* * * *

DIRECTOR, AREA AGENCY ON AGING
City and County of San Francisco

The personnel department will be requested to reevaluate the position's function and compensation.
Salary: $24,420; open to review.
Contact: Lawrence J. Simi, Interim Executive Director
1095 Market Street, Suite 700
San Francisco, CA 94103

* * * *

DIRECTOR, LEONARD DAVIS SCHOOL OF GERONTOLOGY
University of Southern California
Andrus Gerontology Center
Los Angeles, CA 90007

Responsible for overall curriculum development, supervision of all faculty in the Davis School, and those administrative duties relevant to the effective operation of an academic program. Position expected to include a faculty appointment in the School of Gerontology, and if appropriate, a joint appointment in other University academic units.
Salary: Open; Ph.D. required
Available: Immediately
Contact: K. Warner Schaie, Ph.D.
University of Southern California
Andrus Gerontology Center
University Park
Los Angeles, CA 90007
(213) 741-2916

* * * *

CHIEF, BUREAU ON AGING
Department of Economic Security
Phoenix, AZ

SPECIAL ANNOUNCEMENT NO. 061 9/23/77

Responsible for the supervision of professional, administrative, and clerical staff. Position involves developing state policy on implementation of the Older Americans Act. Should have recent experience in aging programs.
Salary: $20,283 - $27,542
Available: Immediately
Contact: Department of Administration
Personnel
1831 W. Jefferson
Phoenix, AZ 85007
NOTICE: Must apply on Form SF500. Official announcement has been out since September 23, 1977; first review of candidates takes place on November 18, 1977. Check to see if position is still available.

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Seniors 'Do It Yourself' Program

Weekend Radio-Marathons Raise Roof

What happens to a Senior Center in a rural community after it outlives its Title III Older Americans Act funding, outgrows its quarters, and expands beyond the financial resources of dedicated senior citizen members?

The following stories are on-the-spot reports of two fund-raising radio marathons, the first one's success inspiring the neighboring county to sponsor its own drive. Both stories are full of down-to-earth advice about what can be done by people Thelma Wilsey of Newell, South Dakota describes as ". . .just little common people, no large mansions, limousines or fortunes. Just people that love and care. The same kind that makes up over 80 percent of our population. Together, with God's help, we can do anything we really want to do and care about."—Charlotte Leigh-Taylor, Associate Editor

Meade County Seniors Design Fund-Raising Campaign

by Edna V. Long, Member
Meade County Senior Center
Sturgis, South Dakota

The Meade County Senior Citizen Center is the busiest place in the county. This "home away from home" is truly in a rural area; Sturgis, South Dakota is a city of 5,164 population in a county of 17,022 people, within an acreage of 3,466 square miles.

In 1976, five years after the Senior Citizen Center was begun, we realized we were outgrowing our home. We had 900 members living in Meade and surrounding counties who paid annual dues of $1.00.

From the beginning we had no problem operating day-to-day, as the first three years we were supported by Title III Older Americans Act funding. After the first year, due to good community relations, the county was willing to share part of the tax money with seniors who had paid taxes for some 40 years. This practice is still in effect. In addition, the county gives $2,000 of revenue sharing funds annually, as does the city of Sturgis.

Our Center hit Sturgis like a prairie fire. Since the public could see the Center was an asset to their community, they were willing to cooperate in raising money to build a new Center to replace the rented quarters we had outgrown.

In 1976, a visit with Les Kleven, a local radio station owner, convinced us to start planning a fund-raising drive to follow up earlier groundbreaking activities. A six-member steering committee mapped out plans for the 30-hour radio marathon to be held just 18 days later.

We established committees to handle publicity, telephone, bookkeeping, gifts, memorials, food and entertainment. Letters were sent to businesses and individuals inviting them to a no-host dinner in a local cafe.

Carol Davis, Sturgis librarian and marathon chairman, reads a pledge and announces the running total.

The main purpose of this dinner was to explain the need for a new building to the business owners and community individuals.

We involved young people and their parents through clubs and service groups. We found that the more people involved, the more interest there would be.

Our weekend fund-raising radio marathon was a success. We asked for $30,000. In less than 24 hours we had $32,000. Funds still kept coming in after the radio station closed the marathon. Payments have been made 100 percent, and some additional pledges have been made and paid.

We diligently followed-up on contributions after the drive was over. We sent thank you letters for small, as well as large donations. The new building will be occupied in November, 1977, proof of the success of this fund-raising technique.

Neighboring County Borrows Successful Idea

by Thelma Wilsey, Secretary
Senior Citizen Club
Newell, South Dakota

A little town of 900 people in the northwest corner of South Dakota is just starting to recover from the shock of what happened to it the past few months.

It wasn't a tornado, not a flood, just a threatening cave-in of both the floor and ceiling of the "loaned" Newell-Vale-Nisland (NVN) Senior Citizen building.

Much discussion went on as to how the old building could be repaired. The expense was unbelievable; it turned out the whole foundation practically would have to be replaced.

So, after hearing about the success of the Sturgis Senior Citizens Radio Marathon, 25 miles north of here, we invited the key figures in that drive to lunch. Les Kleven, the radio station owner, and Glenn Rhoades, who had experience putting on fund drives, assured us we could raise the $30,000 we needed for our new building, and Mr. Kleven pledged the use of his radio station and personnel. But both men warned us that their ability to put on the actual Radio Marathon would definitely depend on the groundwork we would have laid beforehand.

Laying the Groundwork

It was suggested that we might need the following committees:

1. A publicity committee;
2. A solicitations committee which would be able to obtain large donations to get our drive off the ground;
3. An executive committee to schedule the personnel, pledges and money during the marathon drive.
4. A food committee to provide:
   —Meals for planning committees;
   —Meals to invite the public to pay to attend, but at which they would be asked to make large donations or other kinds of volunteer contributions;
   —Food to sell during the drive;
   —Free cookies and coffee all during the marathon;
5. An entertainment committee to organize:
   —Entertainment to have something going all during the drive;
   —A free dance to keep people at the Center during the evening hours of the weekend marathon.

Next stop was the *Rushmore News*. Mrs. Dorothy Allison, the paper's owner, who also publishes our local paper, visited with us and immediately pledged her support and assistance.

Next we gave a dinner, explaining to those who paid to come what we were planning to do.

After that, we contacted the manager of the telephone office in Rapid City, asking him for free telephone lines for the marathon. He couldn't do this, but said he would figure out the cost of the lines and the company would make us a substantial donation.

The City of Newell agreed to let us use the City Hall, next door to our Center, for the Marathon Drive.

Arts and Crafts, sewing and woodwork were sold during the marathon.

Marathon Gets Rolling

Les Kleven, true to his word, not only brought his radio station equipment and personnel, but his wife and children came along to help on April 16 and 17, the weekend of the Radio Marathon.

Calls and donations came from as far as Hawaii and Alaska, from sons and daughters with parents in Newell, former residents, and many, many friends. All churches in the vicinity were represented, not only by members of the congregation, but also each member of the clergy.

The building site was paid for by one couple as a memorial to their parents. The gravel for the site was donated, and the labor and trucks to haul it were donated by another source.

After 18 hours of broadcasting, we had met our goal of $30,000, six hours ahead of schedule.

The 63 hardworking members of the NVN Senior Citizens don't take all the credit for this wonderful achievement. Every citizen in the entire Belle Fourche, Sturgis and Newell communities was responsible.

The Radio Marathon was not the end to our pledges. Volunteer labor, discounts on the prices of many items, and three large donations followed which will almost furnish the building after its completion.

I think this story has a much deeper and larger message. We are just little common people — no large mansions, limousines or fortunes. We are just people that love and care. The same kind that makes up over 80 percent of our population. Together, with God's help, we can do anything we really want to do and care about. We also can stamp out anything we don't want or like. Love makes the world go round.

Counties Provide Health Maintenance Services

by Mary Hall
Aging Services Coordinator
Badlands Human Service Center
Dickinson, North Dakota

Receiving audiometric testing for the first time, Willis Teske realized he had a hearing loss that needed the attention of an ear specialist. He is one of many participants served by the Health Maintenance Service Program operated under Title III by the joint Bowman-Slope County Council on Aging. Since the population of these two counties, Bowman and Slope, is largely rural, members of each community senior citizens club were selected to form a two-county council on aging which would develop and coordinate senior citizen activities throughout each county.

When the program first began, medical histories of the 96 participants were surveyed. Fifty percent had seen their doctor in the last year. Of the remaining number, a large percentage had seen their doctor within the last 1-3 years. A few had not seen their doctor in 5-10 years.

Health maintenance services are offered to senior citizens without charge in senior citizen centers, retirement homes and low-income housing centers in each community within the two counties. These centers are accessible to the handicapped. Services are scheduled to coincide with regular meeting days of the senior citizens, so that transportation can be arranged with other senior citizen volunteers.

In Amidon, a town with no senior citizens club, the services are offered in the Lutheran Church. Two women participants, Agnes Narum and Caroline Klevin, drive 15 miles from their farm homes to open the church and to prepare and serve lunch to the others.

George Rankin has his blood pressure taken as an on-going health service.

The senior citizens know it is a special program for them, without a fee. Some take part because they don't want to miss anything. Some participants, recently widowed, look forward to the chance to discuss their medical questions with the same nurse each month.

The nurse gives each program participant a record book of his own. Monthly weights, blood pressures, and medical testing reports are recorded. Participants are able to show these records to their doctors when they go for a check-up. The nurses also keep up-to-date records so that medical counseling and referrals are made when appropriate.

Each month a specified screening test is offered along with weights, blood pressure screening, and medication checks. These tests include vision screening with an insta-lite, audiometer testing for hearing, urinalysis, hemoglobin testing, glaucoma screening, and diabetic screening. Health education is an important component of the total program. Instructions on self-examinations for cancer, exercise, nutrition, and other topic areas are also offered each month.

Area doctors support the program as an effective method of providing health services to the elderly. In eight months of program operation, 219 referrals were made to physicians which included 57 blood pressures, 54 visions, 25 weights, 3 medication problems, 12 glaucomas, 1 hemoglobin, 1 dizziness, 37 audiometrics and 3 other physical problems. The nurses running the program have been impressed by the enthusiastic response to program services and provide follow-up and "rechecks" to participants at the public health office upon request.

Carol Nygaard (right) uses an audiometer to test the hearing of a Marmarthnd patient.

TIE-LINE: Statewide Information and Referral System

by Mike Goodroad
Director, TIE-LINE
South Dakota

By dialing a toll free number, 1-(800)-592-1865, over 100,000 South Dakotans have found a solution to their problems.

Since its installation in July 1975, TIE-LINE information and referral service has provided free and immediate access to more than 7,000 public and private agencies on the local, state and federal level.

When someone calls, he or she speaks directly to an Information and Referral (I & R) Specialist who determines the origin of the call and clearly defines the caller's concerns. The I & R Specialist then either provides the information requested or makes a *referral by electronically connecting or "bridging" the caller directly to the nearest appropriate agency. This "bridging" capability is a unique feature of TIE-LINE enabling the citizen, the agency, and the Specialist to talk on the same line.*

During its first week of operation, TIE-LINE handled an average of 58 calls per day; it now averages 250 calls per day. TIE-LINE'S initial projection of 16,800 calls for the first year was exceeded by more than 22,050.

Specialist Lynn Klocker's concern for people and thoroughness in identifying problems demonstrates TIE-LINE's formula for finding help for senior citizens. Photo by Michael Goodroad.

Commitment To Rural Elderly

TIE-LINE shares the Office of Adult Services and Aging's commitment to serve elderly South Dakotans. Approximately 7%, or 2,547, of the 38,854 calls received during the first year were from senior citizens. This year, the number of senior calls is increasing as more persons become aware of TIE-LINE.

Calls from senior citizens may reflect the needs of the general population: car titles, boat licenses, employment, and food stamp information. But elderly South Dakotans have also been given assistance in areas ranging from Social Security and disability benefits to homemaker services and housing assistance, according to I & R Specialist Cathy Carver.

"Before someone can be helped, it is necessary to establish groundwork with the person involved," Carver said. "It is important that all parties involved in the problem feel comfortable and at ease with the situation. This is accomplished, in part, by clarifying the problem a person is confronting. Often a problem can be partially resolved by a better understanding of it."

One example of a problem many elderly persons confront is dealing with food stamps. "Many older South Dakotans who call us don't wish to continue receiving food stamps, even though they are eligible, because they do not understand the paperwork," Carver explained. "Our procedure in these situations is to contact an outreach person who can help with the paperwork and allow aid to continue to those who need it."

Recently, steps were taken to initiate a TIE-LINE Facilitator Program. The goal of this program is to help isolated senior citizens, especially those in rural areas and on Indian Reservations, get needed services. They will gain access to these services through use of phones made available at Elderly Title VII Nutrition Sites across the state. When desired, specially trained nutrition site staff will assist seniors in calling TIE-LINE, follow-up on referrals made, and work with a bilingual TIE-LINE Specialist in cases where senior Native Americans require such service.

Before someone can be helped, groundwork must be established.

Despite the success of TIE-LINE, it is not without problems. The two main problems with the system are the lack of sufficient WATS lines to handle the number of calls and lack of stable funding sources. The annual operating budget is approximately $171,000 with primary funding under Title XX of the Social Security Act. Support for FY 1978 is again provided by Title III of the Older Americans Act, which has been funding TIE-LINE since its inception, and the Department of Labor.

Transportation and the Elderly Montanan

by Charleen A. Radke
Transportation Planner
Montana State Department of Community Affairs
Helena, Montana

The issue of transportation for the elderly is not new to Montana; it arose for the large part when the automobile became the standard mode of travel, generating a rapid decline of public transit systems throughout the state during the 1940's - 1960's. Simultaneously, modern technology and increased knowledge in the medical field effected a lengthening in the life expectancy of the average U.S. citizen—so as transportation became more and more an individualized thing, more and more people were also living longer lives.

Upon reaching a certain age, many older people were no longer able, for health reasons or otherwise, to drive themselves. With limited or no means of public transportation available to them, they began to rely more and more upon relatives, friends or volunteers for their transportation needs. It was inevitable that government and private social service agencies were eventually forced into the transportation business.

Over the years diverse programs dealing with the needs of senior citizens acquired vehicles to transport their clients. Not much foresight or forethought was given to subsequent costs of having thousands of these independent vehicles located throughout the country.

During the 70's, coordination and cooperation became serious goals for those at the federal level on down to the local level. This was essential in order to cut the wasteful spending involved in procuring, maintaining, and operating vehicles funded through various *separate federal programs,* but geared for the *same target population* — the elderly and/or transportation deprived persons.

In an effort to alleviate this costly duplication, and with a mind toward the energy crisis facing the nation, Congress in 1974 amended the Urban Mass Transpor-

A. J. (Jack) Richardson, Transportation Planner with Montana State Department of Community Affairs presents a check for purchase of the vehicle to Mrs. Norma Keil, president of the Conrad, Montana senior citizen group. The picture represents the first vehicle purchased in the United States under the 16(b) (2) program.

tation Act to add Section 16(b) (2), to provide 80% federal match dollars for purchase of capital equipment by private, non-profit organizations.

This section was also intended to assure that senior citizens and the disabled would have means available to them for meeting their own special transportation needs, and that planning and coordination among various social service agencies and organizations with transportation programs would be undertaken.

The 16(b) (2) section also provided that private taxi and other profit-making transportation systems be included in the initial planning process of any special transportation system and given the opportunity to provide the needed services, if at all possible and feasible.

Montana Makes Headlines

In Montana, the Section 16(b) (2) program is administered by the Department of Community Affairs' Planning Division. During its first year program in 1975, 14 private, non-profit organizations were awarded grants to purchase 16 vehicles. Montana made headlines by having the first vehicles in the United States on the road under this new program. Montana was number one in the nation again in 1976, when 15 more vehicles were purchased for 14 private, non-profit organizations throughout the state.

While far from being perfect, the Section 16(b) (2) program is proving to be effective in Montana in carrying out the purposes for which it was designed. A committee of state level agencies dealing with elderly and/or handicapped persons, of public and private transit system operators, and of representatives of senior citizen and developmentally-disabled groups meet once or twice during the year to review applications for annual equipment funding. Input from each representative is invaluable when individual applicants are screened and given a priority rating for funding.

One of the drawbacks of the Section 16(b) (2) program is the length of time between initial application by private, non-profit organizations, and procurement of equipment. Applicants needing vehicles for transportation of seniors and the disabled must wait anywhere from 8-12 months or longer for vehicles. The program does not fund on an individual, "first-come, first-served" basis, but rather applications from all organizations statewide needing vehicles are packaged, evaluated and funded on an annual basis.

Required planning documents (transportation development plans) which must now accompany each organization's application serve to hinder the funding process also. However, the Urban Mass Transportation Administration at the federal level has been cooperative and willing to eliminate whatever barriers they can toward making the Section 16(b) (2) program efficient and without the burden of excessive red tape which boggles many otherwise worthwhile social programs.

Since the program is still in its infancy, it is highly probable that problem areas such as these can be worked out within the next few years to everyone's benefit.

South Dakota Senior Center: A Growing Experience

by Shirley M. Overland, Director
Huron Area Senior Center, Inc.
Huron, South Dakota

Grassroots development is the secret of success for the Huron Area Senior Center, Inc. Located in Beadle County, which has a population with one-fourth of its residents over age 55, large numbers of elderly have been, and continue to be involved in the planning, development and evaluation of the Center's many programs. The Huron Senior Center, Inc. has become the multi-purpose organization that continues to expand and improve services to the county's older persons.

A wide range of services is offered through the Center, including a Title VII Nutrition Program; an R.S.V.P. program; Section 8 subsidized housing slated for next year; a Home Care Program; a transportation program for the disabled and elderly; and an innovative educational program entitled DARE (Developing Adult Resources through Education).

"DARE" To Get Involved

Lifelong learning for older adults is the goal of the Huron Senior Center, Inc.'s DARE program. A variety of unique short-term learning opportunities are presented through this program. A few examples of courses are:

- *Modern Business Agricultural Practices* focusing on farm estates, inheritance taxes on farms, and other agricultural business concerns.
- *Lifetime Recreation* featuring recreational activities that can be pursued at any age.
- *Speak Up!* A course to help persons become relaxed, confident, and competent speakers.
- *Senior Surfers* providing easy moving exercises in the heated college pool.
- *Down the Alimentary Canal* involves the planning, preparing and eating of meals.
- *Home Decorating on a Shoe String*
- *Intergenerational Relations*

The DARE program was developed by a committee of elderly and Huron college personnel. Prior to implementing groups we learned by experience that

Continued on next page

Continued from page 23

senior citizen involvement in the class planning and a genuine effort toward promotion was needed to stimulate interest.

Before each group of classes there is a DARE Breakfast. Each instructor works up a short promotion for their class. Registration follows the breakfast.

A nonthreatening relationship between senior citizen and instructor is the key to a successful class. The DARE Breakfast provides an opening for such a relationship to develop. After several series of courses we find interest has been stimulated and people look forward to new opportunities.

Each session runs four or five weeks providing 12 contact hours. There are four phases each year beginning in September, January, April and June. DARE has been funded through a Title I Grant provided by the state Department of Education and Cultural Affairs.

We have learned a number of things through the DARE program:

(1) Senior citizens who would not ordinarily have been interested in learning are involved because of the many options provided.
(2) A large percentage of the senior citizen students have not completed high school.
(3) Short term classes work out well for retired persons. A long term commitment discourages many because of visits to family, etc.
(4) College instructors have profited from the relationship with older persons. It has been a learning process for them.
(5) Groundwork has been laid for new options - to be determined by senior citizens and other community and college members of the DARE Advisory Council.
(6) The Intergenerational classes have been beautiful experiences. The sharing and exchange of ideas has proved most beneficial. There is certainly no generation gap.

Center's Membership Grows

Membership in the Huron Area Senior Center, Inc. has grown rapidly - from 50 in 1971 to 820 in 1976. The Center's programs have grown as well. Funding and other resources for these programs have been obtained from Titles III, V, and VII of the Older Americans Act; Community Development Block Grants; RSVP; Huron College; a Farmers Home Administration Loan; Title XX of the Social Security Act; city and county taxes; revenue sharing; center generated funds; and volunteers.

The xylophone is one of many instruments taught in DARE music education classes.

Despite these funds, operational costs will become a problem as the program continues to grow. More older persons are moving to the Huron area. Others remain that had previously considered moving closer to family. The number of elderly will also increase because of the wide range of supportive services provided by the Center.

Various funding avenues are presently being explored. As the Huron Area Senior Center, Inc. becomes more and more visible, city and county leaders are also giving thought to its future funding problems.

The rapid and continued growth of the Center in a community of 16,000 can be attributed to this closing statement: "The Huron Area Senior Center, Inc. exists to serve persons whether in the building or out in the community. To help each one be what God intends, this is our goal."

MORE MINI-NOTES

QUESTION??? Would a **membership directory** be of assistance if it listed people by category of service or professional activity? We have considered pulling one together but since it is a time-consuming and costly task, we would like some feedback on its potential usefulness and your willingness to purchase one, should it be produced. Please comment.

Thanks to all of you who have contributed to the **senior scholarship fund**. That extra $1 or more you sent with your membership dues (or merely gave as a contribution) will make it possible for many more older persons, who could not otherwise do so, to attend the WGS Annual Meeting. Additional contributions would be greatly appreciated.

We ask that WGS be placed on your **mailing lists** for newsletters and publications. Also, we would appreciate receiving information on new or particularly successful projects. We would like to begin pulling this information together for publication so that members can benefit from the experiences of each other.

PROGRAM STATUS: WGS 24TH ANNUAL MEETING

Planning Committee Establishes Conference Program Format

Nineteen regional meetings and an intensive two-day work session on October 20 and 21 have resulted in extensive plans for WGS's 24th Annual Meeting to be held April 9-12, in Tucson, Arizona. Under the leadership of co-chairpersons Alice Kethley and Carl Eisdorfer, the Program Planning Committee has designed a program taking into account the many suggestions, ideas, and concerns voiced at the regional meetings. It promises to be both fun and relevant to WGS's diverse membership.

Briefly, the meeting will include the following components: seventeen **"Intensives"** (eight hour sessions on specific topics); four **Plenary Sessions** (daily "General" sessions of one to two hours featuring major speakers or events); over 120 **Workshops** (from one and one half hours to three hours in length); two **"Idea Exchange and Exposia"** (a scheduled, informal information "fair"); **Peer Groups** (informal get-togethers of persons with similar interests); **"Conversations with. . ."** (informal opportunities to chat with persons identified as leaders in the field); and a **"Media Festival"** (featuring films, video-cassettes, and other media presentations).

In addition, special offerings include a display of the entries for the "Photography Contest"; an "Employment Opportunities Center"; educational field trips to exemplary Tucson programs; and several social events — a Mexican Fiesta, the President's Reception and the WGS Breakfast. Further, persons involved in WGS's three policy task forces will meet during the conference prior to presenting information on their progress to all conferees during the Tuesday evening Plenary Session.

The basic schedule for these various events is outlined below.

The Program Planning Committee for WGS 24th Annual Meeting includes: Co-chairpersons Alice Kethley and Carl Eisdorfer, Seattle, WA; Dena Anderson, San Diego, CA; Donna Cohen, Seattle, WA; George Effman, Sacramento, CA; George Hacker, Denver, CO; Mel Henry, Portland, OR; Ira Hirschfield, Los Angeles, CA; Paul Kerschner, Los Angeles, CA; Marian Lupu, Tucson, AZ; Jack McCarthy, San Francisco, CA; Paul Nathanson, Los Angeles, CA; Wil Overgaard, Boise, ID; Clarice Parashis, San Jose, CA; Tish Sommers, Oakland, CA; Bernita Steffl, Phoenix, AZ.

WESTERN GERONTOLOGICAL SOCIETY — 24TH ANNUAL MEETING · TUCSON, ARIZONA · APRIL 9-12, 1978 — TENTATIVE PROGRAM SCHEDULE

SATURDAY, APRIL 8	SUNDAY, APRIL 9	MONDAY, APRIL 10	TUESDAY, APRIL 11	WEDNESDAY, APRIL 12
1 p.m. - 5 p.m. INTENSIVES	9 a.m. - 6 p.m. REGISTRATION	8 a.m. - 9:30 a.m. IDEA EXCHANGE AND EXPOSIA	7:30 a.m. - 9:30 a.m. WGS BREAKFAST	8 a.m. - 10 a.m. WORKSHOPS
	8:30 a.m. - 12:30 p.m. INTENSIVES	9:45 a.m. - 11:45 a.m. WORKSHOPS	10 a.m. - 12 p.m. WORKSHOPS	8:45 a.m. - 11:45 a.m. WORKSHOPS: SPECIAL INTEREST SESSIONS
	1:30 p.m. - 3:30 p.m. OPENING GENERAL SESSION	11:45 a.m. - 2:15 p.m. (FREE TIME) TASK FORCES MEET "CONVERSATIONS WITH"	12 p.m. - 2 p.m. (FREE TIME) "CONVERSATIONS WITH"	10:15 a.m. - 11:45 a.m. WORKSHOPS
	4 p.m. - 6 p.m. PEER GROUPS TASK FORCES MEET	2:15 p.m. - 4:15 p.m. WORKSHOPS	2 p.m. - 4 p.m. WORKSHOPS	12 p.m. - 1:30 p.m. CLOSING GENERAL SESSION
ALL DAYS: EXHIBITS AND MEDIA FESTIVAL ON AGING	7 p.m. - ? SOCIAL HOUR & MEXICAN FIESTA	4:30 p.m. - 5:30 p.m. PLENARY SESSION	4:30 p.m. - 6 p.m. IDEA EXCHANGE & EXPOSIA TASK FORCES MEET	
		6 p.m. - 7:30 p.m. PRESIDENT'S RECEPTION -OPEN TO EVERYONE-	7:30 p.m. PLENARY SESSION	ALSO: FIELD TRIPS OR EXPERIENCES PHOTOGRAPHY CONTEST PROSE/POETRY CONTEST EMPLOYMENT OPPORTUNITIES CTR

Tucson Offers Cultural, Educational Opportunities to Conference Participants

by Barbara Sears and Doris Jarrett
for the April Conference
Local Arrangements Committee

No longer a sleepy desert town, Tucson retains most of the charms associated with its earlier periods and now combines the attractions of a vacation resort with the urban amenities of a rapidly growing regional metropolis. Conference participants should find ample opportunities to spend free hours interestingly and pleasurably.

April weather usually is ideal. Sunny southern Arizona has an average springtime high temperature of 82 degrees; the average low is 50. Average rainfall for the month is .43 inches. Such nearly ideal seasonal weather is matched by a setting that combines superb natural beauty and the intellectual stimulation of a modern university city.

April is the month of the Tucson Festival, with a schedule that includes art and craft shows, concerts, traditional fiestas of the Hispanic and Indian cultures that preceded the Anglo settlement of the valley, and other special events.

Two neighbors in the Tucson Mountains west of the city probably have introduced the Southwest to millions around the world through television and othermedia presentations. The Arizona-Sonora Desert Museum is internationally famous as one of the world's great natural history parks. Just down the road is Old Tucson, built more than 30 years ago as the set for a movie entitled *Arizona* and now restored and expanded as a combination western amusement park and the setting of both motion pictures and television shows calling for a western scene.

Mexico itself is but 66 miles from Tucson. An hour's drive or bus trip takes the visitor to Nogales, where there is no doubt one is in a foreign country. Scores of small shops display pottery, clothing, jewelry, baskets, and leather goods in authentic Mexican styles. There are also French perfumes and inexpensive liquor (one quart per adult may be taken into the United States duty free every 32 days).

Tucson today, of course, bears many signs of the impact of its multi-cultural past. But Tucson also is a fast growing modern city, home of a major university, site of large government installations, center for the copper industry, international capital of research in astronomy.

Long renowned as a health center because of its warm, dry climate, Tucson more recently has become a regional center for teaching and research in medicine and health. The Arizona Health Sciences center includes the state's medical school and substantial research in the fields of cancer, arthritis, and allergies is being conducted both there and by other local physicians.

Tucson's reputation as a good place to grow old is well deserved. Among the many facilities available to serve our elderly population are seven major hospitals, a number of mental health facilities, almost twenty personal care and skilled nursing facilities, one hospice, several adult day care centers, a number of public housing projects, and several multi-purpose community centers.

Gerontologists may be interested in the country's home health care program, now being provided under Title XX funding after completion of a three-year demonstration program under the auspices of Pima Council on Aging (PCOA) as an Areawide Model Project. The PCOA maintains a cooperative and consultant role with the county in the development of a comprehensive plan of long term care services and construction program for older and disabled persons, including expansion and renovation of the county-owned nursing home to incorporate the best in contemporary thinking on residential care.

One of the local proprietary nursing home operators, Hillhaven, Inc., has recently added a terminal care hospice to its facility, providing a new dimension to care of the dying that is centered on individual and family support rather than medical treatment. Arrangements can be made for those interested in the hospice concept to visit this facility.

Tours are being arranged to visit a representative selection of the various types of facilities, all of which are undoubtedly similar to those in other communities but which bear the distinctive stamp of Tucson's ethnic and historical background. We think you will find these tours both interesting and educational and that you will get a lot of new ideas to take home to your own communities.

The Accreditation Committee is actively seeking continuing education accreditation for nurses, nursing home adminstrators, and physicians attending the conference. In addition, there is a strong possibility that college credit may be offered through an accredited university for participation in certain conference workshops.

Every effort is also being made to obtain low-cost housing facilities for those who find commercial hotel rates to be more than they can afford, but at this time rates and locations have not been firmed up.

So come to Tucson, have fun in the sun, *but* save some time for the conference period.

Mission San Xavier del Bac, the "White Dove of the Desert," is located on the Papago Indian Reservation just 10 minutes from downtown Tucson. Considered the finest example of mission architecture in the country, it is still used today by the Indians for whom it was built in 1783. Visitors are welcomed and guided tours are available daily all year round.

FROM TUCSON CONVENTION & VISITORS BUREAU
P.O. Box 5547
Tucson, Arizona 85703
Phone: (602) 791-4768
Contact: Ron Elias

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CONFERENCE REGISTRATION FORM

Western Gerontological Society, 24th Annual Meeting
Tucson, Arizona, April 9-12, 1978

Before you begin completing the form, NOTE THAT.....

1. *All* participants — including faculty, workshop facilitators, students, seniors, volunteers — must register for the conference and pay all relevant fees.
2. *We urge you to renew your WGS membership or join WGS at the same time that you register.* This saves WGS — and you — postage and costly, wasteful paperwork. Please help us be efficient so we can put our limited resources to use in more constructive ways! Thanks.
3. We are offering some "breaks":
   —If you register *before March 9, 1978* (postmark), you get a special "Early Bird" discount — *you can subtract $5.00* from your total fee.
   —Local (Tucson and Pima County) retired persons (60 and older) will be admitted to the sessions *free if they complete and submit a registration form by March 9, 1978.*
   —In addition, a limited number of senior "scholarships" — covering $5.00 of the conference fees — are available for the first time this year to other retired individuals, 60 years of age or older, who otherwise would find it difficult to attend the conference. These will be given on a "first come, first served" basis.

IF YOU WISH TO RECEIVE A SENIOR "SCHOLARSHIP", COMPLETE *ONLY THE FIRST PART OF THE REGISTRATION FORM* AT THIS TIME. SEND IT TO:

WESTERN GERONTOLOGICAL SOCIETY SCHOLARSHIP
785 MARKET STREET, SUITE 1114
SAN FRANCISCO, CA 94103

The complete registration information should only be sent to us when you know what your total fees will be. You will have to wait until you hear from us regarding the availability of a "scholarship" for you. (The "scholarship" will not cover meal events, membership dues, or all of the registration fee for anyone registering after March 9, 1978.)

INSTRUCTIONS FOR COMPLETING REGISTRATION FORM.....

1. Complete top section; print or type your name as you wish it on your name badge.
2. Find the column which applies to your situation.
3. For each item desired, fill in the cost in the blank provided (e.g., $45.00 45).
4. Total all the costs you have noted in your column.
5. Send *one* check for this total amount payable to:

WESTERN GERONTOLOGICAL SOCIETY
785 Market Street, Suite 1114
San Francisco, CA 94103

☐ 1 COMPLETE THIS SECTION:

Name: _____
Position/Title: _____
Organization: _____
Bus. Address: _____
City: _____ State: _____ Zip: _____
Bus. Phone: _____ Home Phone: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Which address do you prefer we use: Business ☐ or Home ☐

TO QUALIFY FOR REDUCED RATES, YOU **MUST** COMPLETE THIS SECTION:

☐ I am a WGS member. The number on my WGS '77-'78 membership card is: _____
☐ I am a *full-time* student at _____
☐ I am a retired person and am 60 or older.
☐ I wish to apply for the $5 "scholarship" available to retired persons, 60 or older.

(IF YOU ARE APPLYING FOR A SENIOR "SCHOLARSHIP", STOP HERE. SEND IN THE FIRST SECTION ONLY).

2 FIND THE COLUMN WHICH APPLIES TO YOUR SITUATION AND **3** FILL IN THE COSTS

If you are a WGS member, or are taking this opportunity to join WGS, use one of these columns. Be sure you've noted your number above. TO JOIN OR RENEW: Be sure to fill in Item "G."

Only use one of these columns if you are not a WGS member and do not wish to join WGS at this time.

	REGULAR	RETIRED & 60 OR OLDER	FULL-TIME STUDENTS	REGULAR	RETIRED & 60 OR OLDER	FULL-TIME STUDENTS
A. CONFERENCE REGISTRATION FEE	$45.00	$10.00	$15.00	$60.00	$17.00	$22.00
B. MEXICAN FIESTA (BANQUET)	$10.00	$10.00	$10.00	$10.00	$10.00	$10.00
C. WGS BREAKFAST	$ 5.00	$ 5.00	$ 5.00	$ 5.00	$ 5.00	$ 5.00
D. SPECIAL "EARLY BIRD" DISCOUNT—if your registration is postmarked March 9 or before	—$ 5.00	—$ 5.00	—$ 5.00	—$ 5.00	—$ 5.00	—$ 5.00
	Conf. Subtotal	Conf. Subtotal	Conf. Subtotal	Conf. Subtotal	Conf. Subtotal	Conf. Subtotal
E. "SCHOLARSHIP" CONTRIBUTION—($1.00 or more) to help seniors of limited income to attend 1979 WGS Annual Meeting	$ 1.00+	$ 1.00+	$ 1.00+	$ 1.00+	$ 1.00+	$ 1.00+
F. WGS CONTRIBUTOR—(To establish a solid financial base for WGS' increasing activities—$50.00 or more (beyond membership dues.) Tax deductible.	$50.00+	$50.00+	$50.00+	$50.00+	$ 50.00+	$50.00+
G. MEMBERSHIP DUES—INDIVIDUAL. SAVE YOURSELF—AND US—POSTAGE & TROUBLE BY RENEWING OR JOINING NOW!	$20.00	$10.00	$10.00			
H. **THE GERONTOLOGIST* 6 issues per year; publishes articles of general interest; interprets & applies research in the field of practice; and keeps the reader abreast of new developments in the aging field.	$12.50	$12.50	$12.50			
I. **JOURNAL OF GERONTOLOGY* 6 issues per year; publishes original research in biological sciences, clinical medicine, psychological & social sciences & social services; book reviews & an extensive current bibliography.	$17.50	$17.50	$17.50			
J. WGS PUBLICATIONS: *RIGHTS & RESPONSIBILITIES—A LOOK AHEAD: PROCEEDINGS OF THE 1977 WGS ANNUAL MEETING.* ($10.00. Members Special Price: $7.50)	$ 7.50	$ 7.50	$ 7.50	$10.00	$10.00	$10.00
K. *AGING IN THE TRICENTENNIUM—ASSUMING A SHARED RESPONSIBILITY: PROCEEDINGS OF THE 1976 ANNUAL MEETING.* ($12.00. Members Special Price: $9.00)	$ 9.00	$ 9.00	$ 9.00	$12.00	$12.00	$12.00
L. TRANSCRIPTS OF 1977 ANNUAL MEETING SYMPOSIA ($20.00-SET OF 15)	$20.00	$20.00	$20.00	$20.00	$20.00	$20.00
	$	$	$	$	$	$
4 TOTAL THE COSTS IN YOUR COLUMN.	TOTAL TO ENCLOSE	TOTAL TO ENCLOSE	TOTAL TO ENCLOSE	TOTAL TO ENCLOSE	TOTAL TO ENCLOSE	TOTAL TO ENCLOSE

**SPECIAL OFFER: Through special arrangements with the national Gerontological Society, all Western Gerontological Society members may subscribe to the national journals at a very special reduced rate of 50% off. AMOUNTS LISTED INCLUDE THE 50% REDUCTION.*

DATES TO REMEMBER:

MARCH 9	*—DEADLINE FOR "EARLY BIRD" DISCOUNT (POSTMARK)*
MARCH 20	*—HOUSING REGISTRATION FORMS MUST BE RECEIVED* BY TUCSON CONVENTION VISITORS BUREAU
APRIL 3	—LAST DATE FOR REFUNDS OF REGISTRATION FEES
APRIL 8 & 9	—"INTENSIVES" WILL BE HELD
APRIL 9-12	—WGS 24TH ANNUAL MEETING

5 *SEND THE COMPLETED FORM WITH ONE CHECK FOR THE TOTAL AMOUNT, PAYABLE TO:*

WESTERN GERONTOLOGICAL SOCIETY
785 MARKET STREET, SUITE 1114
SAN FRANCISCO, CA 94103
(415) 543-2617

FINANCIAL STATEMENT

The accounts of the WGS have been audited by Peat, Marwick, Mitchell & Co., Certified Public Accountants. Copies of the financial statement are available to members upon request to the WGS office.

PHOTOGRAPHY CONTEST

The WGS Photography Contest is now a tradition — a permanent feature of the Annual Meeting. Details about this year's entry and judging procedures are being developed now — as *Generations* goes to press. Look for this information in your mail soon!

Media Festival To Include Audio-Visual Materials

The annual film festival held at the 1978 WGS meeting in Tucson will shift over to a media festival in recognition of the increasing availability of audio-visual materials other than 16 mm films in the field of aging.

Video cassettes, film strips, and slide presentations as well as films will be incorporated into the program. As in the past, selections of media will parallel the content of major issues of the 1978 meeting.

All suggestions of audio-visual materials to be screened will be given consideration and should be directed to the coordinators, Dr. Richard Davis and Millie Allyn, Andrus Gerontology Center, University of Southern California, University Park, Los Angeles, CA 90007.

NOMINATIONS OPEN FOR WGS AWARDS

Nominations are now open for the annual WGS awards, which will be presented at the 1978 annual meeting in Tucson. Awards are made for outstanding contributions in the field of gerontology or in service to the Society. All members, including students, are eligible for awards.

Names of nominees are due February 15, 1978 and should be sent with a letter of recommendation to: Bonny Russell, Ed.D., 147 Patricia Drive, Atherton, CA 94025.

Intensives

In response to those who seek in-depth treatments of specific topics, 17 eight-hour "Intensives" will be available this year as part of the WGS Annual Meeting. These "Intensives" will not conflict with other parts of the program. They will be held prior to the opening of the meeting, on Saturday, April 8 (1-5 p.m.) and Sunday, April 9 (8 a.m. - 12 noon), and they will be supported by a separate enrollment fee of $25. Credit of various types will be available for these sessions.

With sufficient pre-registration, the following intensives will be offered: "The Bio-Psychological Aspects of Aging;" "The Ethics of Dying"; "Program Evaluation"; "Techniques of Advocacy"; "Grantsmanship" (Proposal Writing); "Counseling the Older Adult and His or Her Family"; "Models of Community Based Health Care Services"; "Mental Health Assessment"; "Involving Minority Elderly in Service Programs"; "Government Benefit Programs (from an Advocacy Perspective)"; "Behavorial Management and Geriatric Screening"; "Community Nursing Home Advocacy"; "The Role of the Interdisciplinary Team in Long Term Care (including Home Care)"; "Protective Services — Guardianship and Conservatorship"; "Alcoholism, Drug Abuse and the Elderly"; "Social and Cultural Aspects of Aging"; and "Delivery Methods in Rural Areas".

Nationally-known faculty for the "Intensives" are now being recruited and accreditation procedures are being established. Watch your mail for further information about each intensive — its faculty, content and the credit available — and for enrollment procedures. It has been determined that each intensive must have at least 20 pre-registrants by February 1, 1978 in order for it to be offered.

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ATTENTION EXHIBITORS:

Exhibits and displays are an important means of disseminating information to the 3000 persons expected at our Tucson meeting. Exhibits greatly enhance the educational value of the Annual Meeting while giving your organization the visibility it needs, inexpensively and effectively. Exhibits will be held in the Exhibition Hall of the Tucson Community Center, near the center of the meeting's activities.

If you, or your organization, are interested in exhibit or display space, please read the following policies, fill out the Exhibit Request Form, and mail to Joan Tobin, Chairperson of Exhibits, before **February 15, 1978.** The request form includes space for a signature designating that your organization has read and understands the policies listed below.

SPACE ASSIGNMENTS

All applications for space must be made on the official request form and must be returned by February 15, 1978. Arrangements will be made on a first come-first served basis. Due to the limited number of spaces available, submission of a request form does not guarantee acceptance as an exhibitor.

INSTALLATION OF EXHIBITS

Exhibits are to be set up during the morning of Sunday, April 9, 1978. A general session will begin at 1:00 p.m. and it is essential that all exhibits are in place by 1:00 p.m.

COST OF EXHIBITS AND EQUIPMENT

The WGS will charge an Exhibitor's Fee of $35.00 for each non-profit exhibitor and $125.00 for each proprietary exhibitor. This fee covers the following items:

1. Reservation of an exhibit booth 10' x 10' for the duration of the meeting (April 9-12, 1978).
2. The "draping" of the booth (8' high backdrapes, 3' high sidedrapes).
3. An identifying sign, 9" x 44".

A service desk will be maintained in the exhibit area during "move-in" and "move-out" times by Southwest Expo Services, Inc. (SWES), the official show "decorator."

Note that the exhibitor is responsible for obtaining: any equipment, furniture, props, or labor desired to prepare his exhibit (beyond that mentioned above). Most of these items can be provided by SWES, at costs set by them and all exhibitors will be sent an "Exhibitor's Packet" by SWES, in which the services and equipment available from them (and their costs) are outlined. This information will be sent to each exhibitor upon receipt of his Exhibitor's Fee and completed form.

PAYMENT OF FEE

The Exhibitor Fee is payable to the ***WESTERN GERONTOLOGICAL SOCIETY,*** care of Joan Tobin, Chairperson of Exhibits.

DISMANTLING

All exhibits must be broken down and removed by the closing hours of the meeting, April 12, 1978.

LIABILITY

It is agreed that exhibitors shall assume all responsibility for damage to the exhibit hall and they shall indemnify and exempt the Western Gerontological Society and the Tucson Community Center from all liability which may ensue from any damage whatsoever to any of the exhibits or displays. Any space not claimed and occupied, or for which special arrangements have not been made before 4:00 p.m. the day of official opening (April 9) will be reassigned without refund.

EXHIBIT SPACE REQUEST FORM

Organization Name _____

Address _____

City _____ State _____ Zip _____

Phone ( ) _____

Contact Person _____

Our organization is: _____ Non-Profit _____ Profit

In 50-100 words, state briefly what exhibit will include: _____

_____

_____

_____

_____

FEES

Non-Profit _____ $35.00

Proprietary _____ $125.00

Please send completed form and check payable to the WESTERN GERONTOLOGICAL SOCIETY to: Joan Tobin, Phoenix Jewish Community Center, 1718 W. Maryland, Phoenix, AZ 85015.

I have read and understand the Western Gerontological Society's policies for exhibit space for the 24th Annual Meeting.

Date: _____ Signature: _____

IDEA EXCHANGE AND EXPOSIA

Have you ever wanted to be on WGS's Annual Meeting Program but were afraid to ask? Do you have a project or idea you'd like to tell the world about?

Or, have you been looking for information about innovative programs but just can't find it? If the answer is "yes" to *any* of these questions, WGS's "Idea Exchange and Exposia" is for you!

Two important reasons have led WGS to "open up" its program and to invite anyone with an idea to share to do so — via the "Idea Exchange and Exposia." Through these "show and tell" sessions, more people will have the opportunity to be on the program.

How will the "Idea Exchange and Exposia" take place? Two time slots of one and one-half hours each and about 100 spaces per time period have been reserved for this informal, festive event. During each of the time periods, half of the selected participants will "set up shop" in the Arena or in the Exhibition Hall of the Tucson Community Center and be available to explain their program, show their photographs or slides, and/or distribute their handouts. All such sessions will be listed on the program.

While any format for presenting information may be chosen, informal modes of exchange are encouraged — for example, discussion groups and poster sessions. Similarly, handouts to make follow-up contacts easier should be available to those who visit the "show."

An effort will be made to group like programs, projects, or research endeavors together so that participants can learn from each other and so "visitors" can obtain the information they seek in an efficient manner.

"Idea Exchange and Exposia" participants will be provided: a numbered space 12' by 8', a table 8' by 3', chairs, and, if requested, an easel. All other equipment (including audio-visual equipment) must be obtained at the participants' own expense. Information will be provided to those requiring such equipment about sources and arrangements to be made by them.

If you would like to participate in the "Idea Exchange and Exposia", please submit a 100 word (or less) description of the proposed session by *January 13* (postmarked) to:

Idea Exchange and Exposia
Western Gerontological Society
785 Market Street, Suite 1114
San Francisco, CA 94103

Your 100 word description must include in this order:

1) the *title* of the session (as you want it listed in the program)
2) *who* will be presenting the information and where you are from (again, as you wish this to appear in the program)
3) the *format* you will be using — discussion, poster session, lecture, slide show, etc.
4) the *content* of the session (i.e., the information or idea to be shared)

In addition, please indicate your anticipated equipment needs and whether you need help in arranging for such equipment. Note that easels will be provided at no charge, but only to those who need and request them for their sessions.

Participants will be selected on a "first come, first served" basis. Participation in the "Idea Exchange and Exposia" is limited to non-profit, non-commercial projects. However, there also will be exhibit space available for the duration of the meeting for both non-profit and commercial concerns. (See announcement of Exhibit Space for more information.) Those selected to participate in the "Idea Exchange and the Exposia" will be notified by February 15.

You do not have to be a WGS member to participate in these sessions, but you do have to pay the conference registration fee.

HOUSING INFORMATION

The 24th Annual Meeting of the Western Gerontological Society will be headquartered in the Tucson Community Center, with the adjoining Marriott Hotel as the headquarters hotel. A free shuttle service will be provided to the Community Center from all hotels which are not within easy walking distance.

Low cost housing will be available for retired seniors and students. Note that some of the hotels listed on the housing form have quite moderate rates. In addition, the Ramada Inn has suites which will accommodate up to five persons at a rate of $40.00 per suite. Arrangements for such suites should be made with the Ramada Inn **directly** (not through the Housing Bureau). Further low cost options are being explored by the Tucson Local Arrangements Committee. Information on accomodations will be listed in the preliminary program available in mid-January.

HOUSING FORM

WESTERN GERONTOLOGICAL SOCIETY
24TH ANNUAL MEETING
Tucson, Arizona
April 9-12, 1978

To guarantee hotel reservation, mail this form before March 20, 1978 to:

WGS HOUSING BUREAU
Tucson Convention/Visitors Bureau
P.O. Box 27210
Tucson, Arizona 85726
(Telephone: 602/791-4768)

IMPORTANT: Please make all reservations through the Housing Bureau. Rates will be guaranteed only through the Bureau.

	Single	Double	Twin Double
Desert Inn	18.00	24.00	24.00
Hilton Inn	20.00	26.00	26.00
Holiday Inn North	18.00	23.00	23.00
Holiday Inn South	18.00	23.00	23.00
Marriott Inn	26.00	30.00	30.00
Ramada Inn	19.00	22.00	26.00
Sands Motor Hotel	17.00	20.00	20.00
Santa Rita Hotel	22.00	26.00	26.00
Sheraton-Pueblo	18.00	22.00	23.00
Tucson Inn	13.50	17.50	17.50

Reservations must be **received** no later than **March 20, 1978** to ensure the quoted rates. Rates subject to 7% tax.
Please indicate first, second, and third choice of hotel:
1. _____ 2. _____ 3. _____
Type of accommodations desired:
Single (1 person) _____ Double (2 persons) _____ Twin (2 persons) _____
Name(s) of person(s) who will occupy room:
_____ _____
_____ _____
Address (Person requesting room): _____
City: _____ State: _____ Zip: _____ Phone: _____
Arrival Date: _____ Time: _____ Departure Date: _____

DO NOT SEND DEPOSIT
Deposit Information Will Be Sent With Your Confirmation From Hotel.

Vibrations. . .
Student Page

by Cynthia Mitchell
323 Stanton Avenue
Salt Lake City, UT 84111

INPUT SOUGHT FOR UPCOMING CONFERENCE

Program planning for the 1978 WGS annual meeting in Tucson is happening NOW! It is time for all of you students to let me know what type of activities you would like included in the program format.

At the WGS conference last year many students met in an informal get-together and exchanged information and ideas about what was happening (or not happening) at their university gerontology programs.

This could be arranged again. However, I am wondering what else should be included in the conference agenda to meet specific student needs. Please don't hesitate to write and tell me your ideas; it won't happen unless you make it.

STUDENT NETWORK

The WGS student network is growing! Here are four more people that will be serving as contact persons for their respective schools.

Pat Lagerstrom from California State University Northridge is working toward her certificate in gerontology. Working as a social service designee at a local convalescent hospital, she has been active in various areas of gerontology for the past three years.

Pat Lagerstrom
5718 Califa Place
Woodland Hills, CA 91367

From the University of Wyoming is Greer Hastings, a senior in the Department of Social Work with a special interest in gerontology. Greer says awareness in the field of aging is now being demonstrated in social work as well as other departments at the University of Wyoming.

Greer adds that all helping professions should include introductory gerontology courses in their departments. "Education is the first ground that needs to be covered in order to build an awareness of the problems facing the aged presently and in the future."

Greer Hastings
S.M.U. No. 1
Route 2 - Box 3
Laramie, WY 82070

HAWAII STUDENTS FORM GERONTOLOGY ASSOCIATION

Spearheaded by several students at the University of Hawaii, there is now a Hawaii Gerontology Association headed by gerontology students who were formerly volunteers in community programs serving the elderly. The aims of the Association include promoting academic programs that will serve the unique needs of the retired or persons preparing for retirement, and providing educational and social activities linking University of Hawaii students in Social Work and Public Health with people in the community interested in gerontology.

HGA swung into action on a new policy initiated a week before Fall registration by the school of Social Work that would have required students to take many extra courses. Through pressure by HGA the directive was found inconsistent with the University of Hawaii catalog, contrary to University policy, and unfair due to the short notice.

For more information, contact:
Alan "Slim" Tyler, Co-Chairperson
825-E Coolidge St.
Honolulu, HI 96826

GERONTOLOGY PROGRAM AT UNIVERSITY OF TEXAS

There is a relatively new Gerontological Services Administration Program at the University of Texas Health Science Center at Dallas. The undergraduate program has been designed to prepare individuals to assume responsibilities of administrative leadership in the delivery of services for the aged.

The program has three main curriculum tracks in Long Term Care, Social Services in State and Federal Programs, and Certificate in Gerontology. This program may prepare a student for a career as a nursing home administrator, as an administrator of a multipurpose senior citizens center, as an administrator of state and federal programs for the aged, and as a coordinator or administrator of housing for the aged.

Brant Spencese, a student in the Gerontological Services Administration Program, is now serving as contact person. For more information concerning this program or the possibilities of forming a student association, contact:

Brant Spencese
9860 Broken Bow
Dallas, TX 75238

INSIGHTS. . .
Senior page

by Josephine M. Smith and Dwight C. Smith

It really sounds pretty grim to say that *urban* elderly poor people are lucky. Of course they are not. Yet, in comparison to *rural* elderly poor people, they never had it so good.

Here's the problem in a nutshell (and we've asked two competent workers to comment for you): rural communities just don't have the resources. Health care, housing, transportation, and on and on, aren't there to turn to for help.

. . . If the rural elderly only knew they had nothing to lose and everything to gain. If they would only join together to make waves—to demand a solution! The fact that they are voters should pack a terrific wallop in local City Councils, County Supervisors' offices.

Aaron Sacks, MSW, offers his insight as Director of Information and Volunteer Services in Allegheny County, Pennsylvania. He may be the Top Man but he can do very little without the active support of the elderly.

Patricia Hernandez had agreed to write a short article on the situation in Blythe, California.

Pat did not write her article as planned. She ended up by writing a letter. She couldn't get the statistics she wanted: not even the number of people over 65 living in Blythe (total population of 7,147). Pat, the Eligibility Worker for the Riverside Department of Welfare office in Blythe knows this much: there are a great many older people who need services and can't get them.

URBAN VS. RURAL PROBLEMS

by Aaron Sacks
Information and Volunteer Services
Pittsburgh, PA.

Older people in rural areas struggle with problems very much like those of the elderly any place else but often have fewer resources available for dealing with their problems. They face loss of loved ones, separation from children, transition from employment, the feeling of no longer being needed, failing of physical health and resultant loss of mobility and independence. For the urban aged there are substitutes for the losses through established community service programs.

Many urban communities have established information and referral centers which serve as open doors to services, and objectively assess the needs of the callers to help them decide where to turn for the help they need.

For the rural aged, however, a central information and referral program is only valid if there are service agencies to which to connect the caller. In the country, transportation is a problem for getting where the help is. Manpower to develop these program is also not as abundant as in the City, and there is also the realization on the part of the elderly that "city people have it better."

The old become old wherever they are but aging brings its special problems for those removed from community services. However, there is the compensation that living in the country offers more relaxation and less pressure. It is not a matter of choosing, though, because for many there is no choice.

* * * *

FRUSTRATION IN BLYTHE

October 2, 1977

Dear Friends:

I find myself both angry and frustrated as I write this letter. I do not have an article to send. I've worked all week to try and collect factual information on which to base an article but somehow it just hasn't come together.

Everyone wants statistics that I can't produce. I'm being asked to categorize and this is very difficult for me to do. I find myself wanting to balk at statistics. Many of the oldsters I have met have become friends. They aren't statistics, just friends whose frustrations have become my own. Realistically, though, I understand the reason behind statistics.

The needs of Blythe's senior citizens are so very simple that it seems incredible that the answer should be so very complex and at this point out of reach.

They need friends. A simple basic need that should not be difficult to provide. Should not, but incredibly is!

They need transportation. Many have physical problems which prevent them from driving or financial problems which preclude their owning a vehicle. We have no public transportation here in Blythe. No bus, no taxi, no dial-a-ride, nothing.

They need places to live, apartments or houses to rent. As a whole, housing is difficult to find here and for the elderly who live on a fixed income, it's nearly impossible.

I need your prayers. If I can't move the mountain, perhaps I can tunnel through or climb over. The wheels are moving very slowly, but at least they're starting to roll!

I'd like to keep in contact if I may. If you have any suggestions, please feel free to offer them.

In Christian Hope,
Patricia Hernandez

* * * *

What Pat and Aaron have to say is very similar. No resources, no nothing. Nobody realizes the need EXCEPT the old people themselves.

The army of the old can march forward on its stomach and that's not a bad way to march. With enough skirmishes, maybe it will ride soon. There's nothing a community can't do if it has one dedicated catalyst. Is there? We must stand up and be counted to obtain the resources we need. So stand up, friends. And next election be ready to vote.

HAPPENINGS

Nov. 18 - 22, 30th Annual Scientific Meeting of Gerontological Society, Hilton Hotel, San Francisco, CA. Contact: Gerontological Society, 1 Dupont Circle, Suite 520, Washington, D.C. 20036.

Nov. 27 - Dec. 3, International Seminar on Rheumatic Diseases, Tel Aviv, Israel. Contact: N.D. Yahalom, General Manager, Health Vacation Center, 44 Ibn Gvirol St., Tel Aviv, Israel.

Nov. 28 - Dec. 1, American Heart Assn. 50th Scientific Sessions (AHA Council on Cardiovascular Nursing Annual Scientific Sessions, Nov. 29-30), Miami Beach, FL. Contact: AHA, Scientific Programs, 7320 Greenville Ave., Dallas, TX 75231.

Dec. 1 - 2, "Political Action for Older Americans" Conference, Minnesota State Capitol, St. Paul, MN. Contact: Alan Brown, Dir., Dept. of Conferences, 131 Nolte Center for Continuing Education, 315 Pillsbury Drive S.E., Minneapolis, MN 55455.

Dec. 8 - 10, Sixth National Conference on Transportation for Elderly and Handicapped, Orlando or St. Petersburg Beach, FL. Contact: Dr. W.G. Bell, Dept. of Urban and Regional Planning, Florida State Univ., Tallahassee, FL 32306.

Dec. 10, 8 days/7 nights Carribbean Fly/Sea Cruise, Oral Life History and Gerontology class. Contact: Gwendolyn Safier, Ph.D., R.N., 101 A Ascot Ct., Moraga, CA 94556.

Jan. 9 - 13, 1978, MID-WINTER INSTITUTE: Energy Conservation in the Long-Term Care Facility, Center for Studies in Aging, North Texas State University, Denton, TX. Contact: Director of Mid-Winter Institute, Center for Studies in Aging, P.O. Box 13438, NTSU Station, Denton, TX 76203.

Jan. 22 - 24, The Second Annual Symposium on Education for Long-Term Care Administration, Marriott Hotel, New Orleans, LA. Contact: Office of Long-Term Care, Association of University Programs in Health Administration, 1775 Massachusetts Ave., N.W., Suite 312, Washington, D.C. 20036.

Feb. 15 - 17, Fifth National Institute on Minority Aging in San Diego. "Retirement: Concepts and Realities of Ethnic Minority Elderly." Contact: Nancy E. Rollman, Coordinator, or E. Percil Stanford, Director, Center on Aging, 349 Cedar Street, San Diego, CA 92101.

Feb. 16 - 18, Third International Conference on Cerebrovascular Disease and Cerebral Circulation, Fairmont Hotel, New Orleans, LA. Contact: American Heart Association, 7320 Greenville Ave., Dallas, TX 75231.

Mar. 7 - 10, Regional Institute on Homemaker-Home Health Aide Services, Monteleone Hotel, New Orleans, LA. Contact: National Council for Homemaker-Home Health Aide Services, 67 Irving Pl., 6th Floor, New York, NY 10003.

Mar. 8 - 11, 4th Annual Meeting, Association for Gerontology in Higher Education, Baker Hotel, Dallas, TX. Contact: Hiram Friedsam, Center for Studies in Aging, P.O. Box 13438, NTSU Station, Denton, TX 76203.

April 9 - 12, Annual Meeting of Western Gerontological Society in Tucson, AZ. Contact: WGS, 785 Market Street, Suite 1114, San Francisco, CA 94103.

April 13 - 14, 35th Annual Meeting of the American Geriatrics Society, Hyatt Regency Hotel, Atlanta, GA. Contact: American Geriatrics Society, 10 Columbus Circle, New York, NY 10019.

Aug. 10 - 13. The XIth International Congress of Gerontology Satellite Conference, Sydney, Australia. Contact: National Headquarters, American Geriatrics Society, 10 Columbus Circle, New York, NY 10019.

Aug. 18 - Sept. 2, Japan Gerontology Tour in conjunction with the XIth International Congress of Gerontology, Tokoyo, Japan. Contact: Elvirita Lewis Foundation, 230 Third Avenue, Santa Cruz, CA 95062 or the WGS Office.

Aug. 20 - 24, The XIth International Congress of Gerontology, Tokoyo, Japan. Contact: National Headquarters, American Geriatrics Society, 10 Columbus Circle, New York, NY 10019.

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